| (| ase 3:08-cv-01493-JM-BLM Document 7 | Filed 06/24/2008 Page 1 of 10 | | |
|----------------------------|--|--|--|--|
| 1 2 3 4 5 6 | DOWNEY BRAND LLP MICHAEL J. THOMAS (Bar No. 172326) APARNA RAJAGOPAL-DURBIN (Bar No. 555 Capitol Mall, Tenth Floor Sacramento, CA 95814-4686 Telephone: (916) 444-1000 Facsimile: (916) 444-2100 E-mail: mthomas@downeybrand.com E-mail: adurbin@downeybrand.com Attorneys for Plaintiff | 218519) | | |
| 7 | Nutrishare, Inc. | | | |
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| 9 | EASTERN DISTRICT OF CALIFORNIA | | | |
| 10 | | | | |
| 11 | Nutrishare, Inc., a California corporation, | Case No. 2:08-CV-01252-WBS-EFB | | |
| 12 | Plaintiff, | DECLARATION OF RODNEY OKAMOTO IN SUPPORT OF MOTION | | |
| 13 | V. | FOR PRELIMINARY INJUNCTION | | |
| 14 | BioRx, LLC, an Ohio Limited Liability Company, | Date: August 4, 2008 | | |
| 15 | Defendant. | Time: 2:00 p.m. Dept: Courtroom 5 | | |
| 16 17 | | | | |
| 18 | I, RODNEY OKAMOTO, hereby declare as f | follows: | | |
| 19 | 1. I am an individual residing in Galt, California. I make this declaration of my own | | | |
| 20 | personal knowledge, and if called to testify, could and would testify consistent with the facts | | | |
| 21 | stated herein. | | | |
| 22 | The Nutrishare History | | | |
| 23 | 2. I am the President and co-founder of Nutrishare, Inc. (hereinafter "Nutrishare"). | | | |
| 24 | In 1991, my colleague Dr. Tom Diamantidis and I founded Nutrishare, a company dedicated | | | |
| 25 | exclusively to providing TPN-related products and services to long-term TPN consumers in their | | | |
| 26 | | riginally developed to fill a need for improvement | | |
| 27 | _ | nat was not being met by then-existing health care | | |
| 28 | providers. At that time, there was a glut of home infusion pharmacies that provided a range of | | | |
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products, including intravenous antibiotics, chemotherapy, pain management, enteral (tube feeding) nutrition, and parenteral nutrition. These pharmacies often simply shipped and delivered products to their patients and were forced to distribute their scant clinical resources over the numerous types of home infusion therapies that they believed they had to offer to remain competitive in their marketplace. Dr. Diamantidis and I believed that these pharmacies largely ignored Home TPN patients because they appeared to be more stable than more acute patients. We believed that these customers were, in reality, in need of more attention in areas that would improve the quality of life for them and their family member caregivers.

- 3. In 1991, we launched the business with a combination of cornerstone principles and an untested hypothetical Home TPN service model, which includes the following:
 - a. Specializing exclusively in Home TPN therapy, something that no other home infusion pharmacy had committed to doing;
 - Using overnight delivery services to deliver Home TPN supplies, including infusion pumps, special intravenous catheters, and a sterile form of intravenous liquid nutrients, to Home TPN consumers nationwide, which was also a unique concept at the time;
 - Based on input from Home TPN consumers and caregivers, providing our customers with the freedom to choose the equipment and supplies they were most comfortable with instead of having to choose from a 'formulary' of items determined by the company;
 - Providing our customers with education on Home TPN through web and CDbased guides, a secure on-line forum (where they can discuss various aspects of Home TPN and share their knowledge), experiences, and plans for better outcomes, newsletters, and presentations at events nationwide, including the Oley Foundation Conference;
 - Hiring Board-certified clinicians, including nurses, pharmacists, and dieticians, who work closely with our customers' primary care physicians and/or gastroenterologists, monitor the clinical progress of our customers, and routinely

- offer clinical suggestions to the physician and the consumer, as appropriate;
- Partnering up with local infusion pharmacies and nursing agencies to provide professional services for our TPN customers to augment Nutrishare's basic pharmacy delivery system; and
- g. Continuing to engage in the research and development of state-of-the-art technology in Home TPN.
- 4. Seventeen years after Nutrishare first set out to improve the lives of the Home TPN consumer, we have accomplished significant milestones, including the following:
 - a. Our client base has nearly doubled in the last ten years;
 - We now have, in our employ, several of the nation's top Board certified Nutrition support pharmacists as part of our "primary care team," in support of our consumers;
 - c. We have established relationships with medical professionals and institutions nationwide, who consistently refer their patients to Nutrishare;
 - d. We have consistently sponsored the Oley Foundation, a national foundation supporting education and networking for Home TPN consumers, for the last fifteen years (in fact, we are currently the top "Platinum level" sponsor of the Oley Foundation and have been one of the Oley Foundations top sponsors since 1993);
 - e. We have published dozens of articles and made several presentations at American Society of Parenteral and Enteral Nutrition (ASPEN) and European Society of Parenteral and Enteral Nutrition (ESPEN) conferences, several of which have advanced the state of the art in Home TPN therapy and many of which have been honored at ASPEN;
 - f. Dr. Diamantidis and I developed and patented a special Home TPN bag designed to improve the quality of the product used by the patients;
 - g. Our team has led pioneering research in, for example: developing a new Home TPN infusion pump designed by Home TPN consumers, using chlorhexidine/alcohol as a topical antiseptic in lieu of the conventional povidone

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- iodine, identifying ways to reduce the potential of blood backing up into the catheter, and identifying new chemicals that could reduce the risk of catheter infections;
- We now have a reputation in the industry and amongst the clinical leaders in the field of Home TPN as the "superior Home TPN pharmacy service" in the country, which can be verified by physicians, nurses and dietitians who work for competitors as well as clinicians who are routinely "teaching faculty" at the ASPEN, ESPEN, and the AGA (American Gastroenterology Association);
- We have established a track record with our customers demonstrating the quality of our service, and hundreds of our Home TPN consumers can confirm that Nutrishare has improved their quality of life and in some cases, has saved their lives;
- Consumer surveys tabulated in articles published by Nutrishare illustrate that Nutrishare's consumers experience fewer central catheter complications than customers of other pharmacy services;
- The Oley Foundation also conducted Home TPN satisfaction surveys in 1994 and 1995, which demonstrated that Nutrishare's customers, as compared to the customers of other providers, were significantly more satisfied with their Home TPN pharmacy service;
- We were honored by the Assembly of the State of California as a "Hero in Healthcare" for the way we saved the life of one of our consumers by virtue of our centralized, national Home TPN specialty infrastructure;
- m. We played a key role in ensuring that the Accreditation Commission for Health Care (ACHC) stayed afloat so that it could serve as an alternative to the Joint Commission on the Accreditation of Healthcare Organization (JCAHO) for home infusion providers seeking accreditation;
- We continue to be accredited by ACHC today; and
- We remain the only "platinum" corporate supporter of the ACHC and the only

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company that the ACHC has ever recognized as "Specialists" in Home TPN care.

The "Nutrishare" Mark

- 5. In order to preserve and protect the goodwill and brand recognition associated with the "Nutrishare" mark, Nutrishare hired attorneys and spent a considerable amount of funds obtaining trademark registrations for its distinctive mark. The word mark "Nutrishare" was first registered as a trademark by the U.S. Patent and Trademark Office ("USPTO") on October 19, 1993 (Registration No. 1799840) in the category of health care services, and more particularly, providing TPN pharmaceutical solutions, supplies and equipment to TPN patients at their home. On September 3, 2002, Nutrishare obtained a registration of the "Nutrishare" word mark in the category of retail pharmacy and mail order services in the field of TPN pharmaceutical solutions, supplies and equipment for TPN patients at their home (Registration No. 2615200). Attached hereto as Exhibit A is a true and correct copy of our Certificate of Registration for "Nutrishare."
- 6. We first used the "Nutrishare" mark in 1991, years prior to its registration. The mark has always been displayed either in standard characters or in conjunction with a logo depicting "Nutrishare" in block letters preceded by the stylized image of a bag and IV catheter. Almost all of Nutrishare's goods prominently bear the "Nutrishare" mark.
- 7. Nutrishare's marketing is conducted by word-of-mouth, through referrals by its physician colleagues and TPN consumers, through a publicly available web-site located at www.nutrishare.com, through newsletters and other special educational materials, and by its attendance at Home TPN conferences and events throughout the country, including the Oley Foundation Conference. In each medium and each venue, the "Nutrishare" mark is displayed prominently.
- 8. On Nutrishare's web-site, individuals can request information from Nutrishare on its products and services, view an on-line infomercial regarding Nutrishare, take on-line tutorials in TPN best practices, join and participate in a secure on-line TPN discussion board, consult with Nutrishare's clinician "team," read Nutrishare's newsletter, and join the "Nutrishare family." Through a "members only" secured login, Nutrishare's customers also can order TPN supplies directly on-line and access special educational material and family photos of members. True and

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correct copies of screen shots from relevant portions of Nutrishare's web-site are attached hereto as Exhibit B.

- 9. Nutrishare has invested millions of dollars over the past seventeen years to establish its corporate identity and is held in high esteem amongst Home TPN consumers as well as clinicians throughout the country. For the past twelve years, Nutrishare has donated to the Oley Foundation at the highest "Platinum" level or the second to highest level. When you add the Oley annual contributions to Nutrishare's support of other Oley programs, Nutrishare has donated over half a million dollars to the Oley Foundation to date. Last year, Nutrishare, together with the Oley Foundation, established the Nutrishare Research Prize, designed to recognize and encourage clinical research that will improve the quality of life for Home TPN consumers and their families. Nutrishare has also published advertisements in more than 100 issues of the Oley Foundation's bi-monthly newsletter, LifelineLetter, since 1993. At each Oley Foundation Conference, Nutrishare strategically and prominently displays the "Nutrishare" mark and products and services bearing the "Nutrishare" mark.
- 10. Nutrishare has not only spent significant funds on advertising and promoting the "Nutrishare" mark, but the owners and employees of Nutrishare have spent countless hours promoting Nutrishare. The exact cost of this time and effort may potentially amount to millions of dollars, but is not readily calculable. Nevertheless, the opportunity cost of the owners and employees of Nutrishare is substantial, and must be taken into consideration.
- 11. As a result of Nutrishare's considerable investment of time and money, the "Nutrishare" mark has developed distinctive meaning to consumers. By virtue of Nutrishare's advertising and sales, together with customer acceptance and recognition, the "Nutrishare" mark identifies Nutrishare's products and services only, and distinguishes them from products and services provided by others. The "Nutrishare" mark has thus become and is a valuable asset symbolizing Nutrishare, its quality products and services, and its goodwill. In short, the "Nutrishare" mark has come to indicate to consumers a meaning of quality in Home TPN care originating with Nutrishare.

BioRx and the "NutriThrive" Marks

- 12. On information and belief, BioRx, LLC is based in Cincinnati, Ohio. BioRx's web-site, www.BioRx.net, states that BioRx is a national provider and distributor of certain specialty pharmaceuticals, related supplies, as well as clinical and reimbursement support services., and provides: (1) in-home hemophilia care; (2) in-home Immunoglobulin G services; (3) in-office enteral and parental nutrition; and (4) in-home enteral and parenteral nutrition. Enteral nutrition, as opposed to parenteral nutrition, is the practice of feeding individuals through a tube placed in the nose, the stomach, or the small intestine. True and correct copies of screen shots from relevant portions of BioRx's web-site are attached hereto as Exhibit C.
- A representative of BioRx announced that BioRx was establishing a new division called "NutriThrive" to provide in-home enteral nutrition and in-Home TPN products and services. The representative indicated that NutriThrive was in the nascent stages of its existence, had not yet established a web-site, and did not yet have a single customer. In conjunction with NutriThrive's announcement, BioRx (using the NutriThrive name) sponsored the Oley Foundation at the donor level immediately below the Platinum level. Attached hereto as Exhibit D is a true and correct copy of the March/April 2008 issue of *LifelineLetter*, in which NutriThrive is listed as a "Golden Medallion Partner" of the Oley Foundation. On information and belief, NutriThrive is not registered as an entity with the Ohio Secretary of State. At the time, I was not aware of the exact nature of NutriThrive's business, the territory in which it intended to provide its products and services, or the extent to which NutriThrive intended to compete with Nutrishare. It is now clear to me that NutriThrive provides the same products and services (although of inferior quality) as Nutrishare.
- 14. After the 2007 Oley Foundation Conference, BioRx began advertising its NutriThrive products and services in the Oley Foundation's bi-monthly *LifelineLetter* newsletter, which is the most widely circulated Home TPN newsletter and Nutrishare's primary marketing vehicle for its print advertising. NutriThrive's advertisements adopt substantially *verbatim* the language in Nutrishare's advertisements. For example, Nutrishare created a series of ads

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featuring customer testimonials accompanied by the customer's photograph. In the November-December 2007 issue of *LifelineLetter*, NutriThrive also featured a photograph and a customer testimonial featuring one of Nutrishare's former customers. In another advertisement, Nutrishare states that it is dedicated to improving "clinical outcomes" and "the quality of life" of Home TPN consumers. In the July-August 2007 issue of *LifelineLetter*, NutriThrive's advertisement likewise states that NutriThrive's goals are "positive clinical outcomes" and "to improve the qualify of life for the home nutrition support patient." True and correct copies of Nutrishare's and NutriThrive's similar advertisements are attached hereto as Exhibit E.

- 15. According to BioRx's web-site, the NutriThrive division was not officially launched until November 18, 2007. Since then, BioRx has created a web-site for NutriThrive, www.nutrithrive.com, which can be accessed independently or through BioRx's web-site, www.biorx.net. NutriThrive's web-site functions almost identically to Nutrishare's web-site. Through NutriThrive's web-site, persons can request information on NutriThrive's products and services, participate in a secure on-line TPN discussion board, consult with NutriThrive's clinician "team" and "consumer advocates" (former or current TPN consumers who act as liaisons), and join the "NutriThrive family." The only functional difference appears to be that NutriThrive does not have links to newsletters, and its on-line educational services are still "under construction." True and correct copies of screen shots from relevant portions of NutriThrive's web-site are attached hereto as Exhibit F.
- 16. Within the past six months, NutriThrive has begun encroaching on Nutrishare's sales territory, and actually has solicited Nutrishare's customers and physician colleagues. We became seriously concerned when medical professionals actually became confused about the relationship between the two companies. For example, approximately two months ago, my colleague Dr. Rick Ferris, Dr. Diamantidis, and I met with a pharmacist named Tim from Sullivan's Pharmacy in Boston, who indicated that the names "Nutrishare" and "NutriThrive" could cause confusion among his pharmacists and that he would have to explain the difference to them. This was the first time we heard that Sullivan's Pharmacy was working with NutriThrive.
 - 17. In April, 2008, we discovered that BioRx obtained Notices of Allowance from the

- USPTO on a trademark and a servicemark for "NutriThrive." True and correct copies of the Notices of Allowance for NutriThrive's marks are attached hereto as Exhibit G.
- Nutrishare also has learned that BioRx hired Donna Noble, the mother of one of Nutrishare's former and now deceased customers to act as a "Consumer Advocate" for NutriThrive, and that BioRx has also retained Ellen Seiz, one of Nutrishare's former customers, to act as a NutriThrive spokesperson.
- 19. We are also concerned about NutriThrive misrepresenting to consumers and to the public that it is accredited by the ACHC. As part of their start-up mailer package, NutriThrive has sent at least one home TPN consumer (who is located in California) a business card indicating that NutriThrive is accredited by the ACHC. Presumably, all of NutriThrive's current and potential costumers receive the same start-up package containing the business card. NutriThrive has also verbally represented to at least one home TPN consumer and one ACHC board member that it is accredited by the ACHC (and not the JCAHO). Although BioRx may be accredited by the ACHC, NutriThrive is not.
- 20. We are further concerned regarding the quality of NutriThrive's products and services. NutriThrive does not currently have Board certified nutrition support pharmacists managing the day to day care of its patients and does not have a comparable breadth and years of experience in caring for Home TPN consumers that Nutrishare does; from staffing, to research to technology development and education programs. NutriThrive also appears not to currently offer education on the state-of-the-art in Home TPN.
- 21. Until last year, Nutrishare was the only company in the nation that focused exclusively on providing Home TPN products and services (while there are dozens of generalist home infusion pharmacies that provide Home TPN products and services, they only do so as one of several other offerings). The ACHC actually recognized Nutrishare as the ONLY home care pharmacy organization certified as "specialists in Home TPN therapy." And until NutriThrive's establishment, no existing TPN provider other than Nutrishare used the "Nutri" prefix to designate its offerings. Now, there are two companies Nutrishare and BioRx's NutriThrive division that focus on in-Home TPN products and services.

Filed 06/24/2008

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The next Oley Foundation Conference is scheduled for June 26, 2008. On June 3, 22. 2008, the Executive Director of the Oley Foundation, Joan Bishop, notified us that NutriThrive is sponsoring the Oley Foundation this year at the "Gold Medallion" level. That same day, another Oley Foundation employee (Roz) informed us that there will be an Oley Foundation banner that will prominently display this year's corporate sponsors, and specifically, that will display both "Nutrishare" and "NutriThrive" in close proximity of each other in the same font and typeface. Attached as Exhibit H is a true and correct copy of the banner, as provided to me by the Oley Foundation. This banner will appear at the welcome reception, on Thursday, June 26, 2008, and remain on display throughout the course of the four-day conference.

I declare under penalty of perjury under the laws of the United States and the State of California that the foregoing is true and correct to the best of my knowledge.

Dated this 23 day of June, 2008, at Galt, California.

Int. Cl.: 35

Prior U.S. Cls.: 100, 101 and 102

United States Patent and Trademark Office

Reg. No. 2,615,200 Registered Sep. 3, 2002

SERVICE MARK PRINCIPAL REGISTER

NUTRISHARE

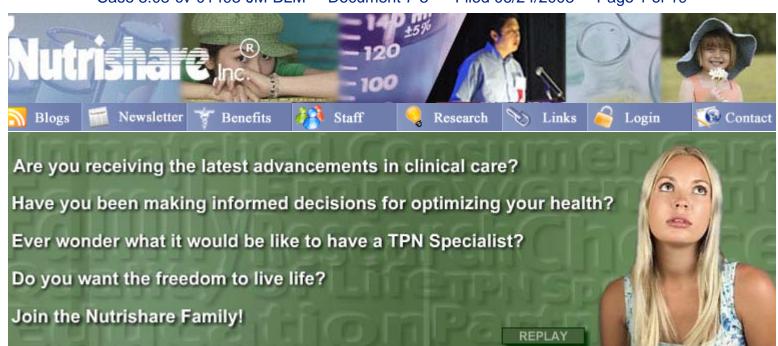
NUTRISHARE, INC. (CALIFORNIA CORPORA-TION) 10519E STOCKTON BLVD., #160 ELK GROVE, CA 95624

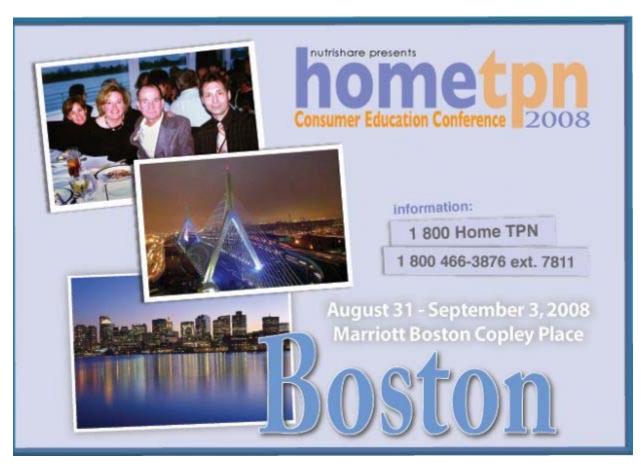
FOR: RETAIL PHARMACY AND MAIL ORDER SERVICES IN THE FIELD OF TOTAL PARENTER-AL NUTRITION PHARMACEUTICAL SOLUTIONS, SUPPLIES AND EQUIPMENT FOR TOTAL PAR- ENTERAL NUTRITION PATIENTS AT THEIR HOME, IN CLASS 35 (U.S. CLS. 100, 101 AND 102).

FIRST USE 5-23-1991; IN COMMERCE 7-1-1991.

SER. NO. 76-338,114, FILED 11-13-2001.

STEVEN R. FOSTER, EXAMINING ATTORNEY













What's New!

New Board Certified Pharmacists

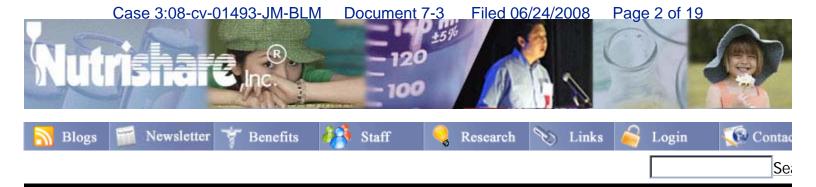
-June 2, 2008

Blog Update: Craig's Café

-August 16, 2007

CEC 2007 Wrap Up

-August 7, 2007



Welcome

Blogs.nutrishare.com delivers several new topics per month relating to the Home Infusion Consumer.

Do you have a question, or comment? <u>Join</u> the Nutrishare Community and have it answered by the experts.

Front Page News

o Travel Tips

Comments Many home TPN consumers are preparing to travel to San Diego next

week for the annual Oley Foundation meeting (www.oley.org). Others

29 Views are planning summer vacations to beaches, camping, and...

06-19-2008, 5:47 PM by Marianne to Marianne's Corner

o <u>Cap Change</u>

Comments Many different types of end caps or adapters are available for home

TPN consumers to use on the hub (open) end of their central venous access device. There are needleless, dead end, injection ports, and split

septum system caps. All connectors and caps...

05-30-2008, 3:41 PM by Marianne to Marianne's Corner

PROBIOTICS – ARE THEY FOR YOU?

Comments The proportion of the several hundred different species of bacteria that

comprise the intestinal flora is different from one individual to another.

139 Views The specific mix of the trillions of microorganisms that compose an

individual's intestinal flora is established...

05-15-2008, 4:39 PM by admin to Craig's Cafe

O Flushing Webinar

Comments

52 Views

138 Views

On April 15 the Infusion Nurse's Society (INS) sponsored an on-line Webinar entitled "Current Guidelines for Flushing Vascular Access Devices." This was a live presentation by Lynn Hadaway M.Ed., RN, BC, CRNI. Lynn is a well known expert in infusion...

Case 3:08-cv-01493-JM-BLM Document 7-3 Filed 06/24/2008 Page 3 of 19 04-27-2008, 1:45 PM by Marianne to Marianne's Corner

Infection Associated with TPN

Comments Total parenteral nutrition (TPN) has been identified as a risk factor for catheter related blood stream infection (CRBSI). Central venous access 317 Views devices (CVAD) used to administer TPN provide a direct pathway for pathogens to enter the blood stream either...

04-04-2008, 1:41 PM by $\underline{\text{Marianne}}$ to $\underline{\text{Marianne's Corner}}$

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The Nutrishare Home TPN Research Prize

Filed 06/24/2008

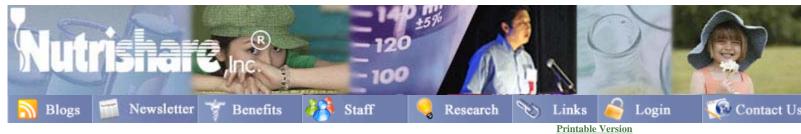
-August 1, 2007

Reid Nishikawa, Pharm.D., BCNSP, FCSHP named ASPEN Distinguished Nutrition Support Pharmacist of the Year.

Page 4 of 19

-July 24, 2007

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Serving Home TPN Consumers Nationwide www.nutrishare.com

Home TPN patients who use specialty providers, Greg Killmeier, Pharm.D. BCNSP and have fewer complications.

Recently, Nutrishare sent a survey to home TPN patients asking them if their home care provider was a TPN specialty provider. When the results were reviewed those Home TPN consumers who used Nutrition Support Pharmacists address the specialty providers said they received more clinical care of patients who receive specialized information from their pharmacists and had a lower rate nutrition support, including parenteral and enteral nutrithe Midyear Clinical Meeting of the American Society of Healthsystem Pharmacists in Las Vegas.

Patients from specialty home care providers feel pharmacists have a greater knowledge of nutrition support issues than pharmacists from a general home care provider.

John K. Siepler, Pharm.D., BCNSP, FCCP; Rod designation Nishikawa, Pharm.D., BCNSP. Nutrishare, Inc. Elk certification is valid. Grove, CA.

Ian Robertson, Pharm.D. BCNSP receive their credentials as Board **Certified Nutrition Support** Pharmacists.

of total complications than those who used a general tion. The nutrition support pharmacist has responsibility provider. This paper will be presented in December at for promoting maintenance and/or restoration of optimal

> nutritional status, designing and modifying treatment according to the needs of the patient. The nutrition support pharmacist has responsibility for direct patient care and often functions as a member of a multidisciplinary nutrition support team. Those who are granted certification in this specialty may use the

"Board Certified Nutrition Support Okamoto, RPh, Tom Diamantidis, Pharm.D.; Reid A. Pharmacist" and the initials "BCNSP," as long as

> Both Greg and Ian passed an exam that is designed to evaluate a pharmacist's knowledge and skill in nutrition support. There are less than 500 others worldwide who are board certified in nutrition support. Join us in congratulating both in their significant accomplishment.

Newsletters

11-07 08-06

01-06

7-25-05

Check Out The Nurishare Story!



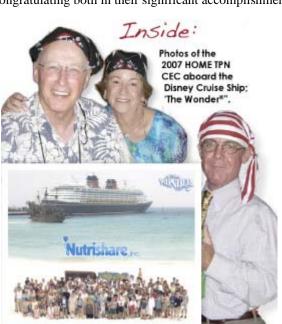
Testimonials



Nutrishare Consumer

They make you feel like family and that is great after all these years.







Patients on home parenteral nutrition (HPN) receive their HPN from home care providers which are pharmacies that prepare and dispense intravenous products. Most of these providers dispense a variety of products in addition to HPN including antibiotics, intravenous fluids, and respiratory medications. Thus, these providers can be considered general home care providers. Some providers specialize in specific areas such as respiratory therapy, hospice, pediatrics or HPN. These providers can be considered specialty home care providers. One way these specialty providers can make a difference in patient care would be to reduce the frequency of HPN associated complications.

We sent a survey to HPN patients asking them to tell us if their home care provider specialized in HPN. In addition they were asked to tell us their opinion of the clinical information they received from their pharmacists and the number of HPN associated complications such as catheter infections, and catheter replacements occurring a one year period.

TABLE HPN CATHETER ASSOCIATED COMPLICATIONS Group Results = Average General home care provider 2.9 complications per patient in 2006 Specialty home care provider 0.89 complications per patient in 2006

We believe this suggests that patients of home care providers who specialize in HPN have fewer complications than those who are using a general home care provider. It should be stated here that several of the HPN consumers who listed their HPN provider was a specialty provider did not use Nutrishare as their provider. There have been other reports of specialty providers (in areas other than HPN), having a lower complication rate than general providers, so this concept is likely not new. Despite this, we feel more work is needed in this area. Nutrishare will continue to strive to reduce the HPN associated complications in our consumers. This paper will be presented at the ASHP mid year clinical meeting in Las Vegas in December, 2007.



Nutrishare friends and family,





We can't believe all that has happened in 2007, from the Disney Cruise / Home TPN Education Conference in May, to the founding of the 'Platinum Level' of Oley Foundation support in July, followed up by the announcement of the Nutrishare / Oley Foundation Research Prize competition designed to stimulate research in the area of Home TPN.

Meanwhile, we continue to produce our own research and product development, notably the new NuBox shipping system

which is being rolled out as we speak. This, after an extensive pilot-testing project (thank you brave participants for your critical input).

Feel free to call us if you think of anything that could improve the care that you receive.

Rod Okamoto and Tom Diamantidis



Consumer Benefits - Testimonials

They genuinely care about their patients as people. They are extremely reliable and have been known to bend over backwards to listen to the consumer and do everything possible to enhance the consumer's quality of life.

TF-San Pedro, CA

Nutrishare sets the standard for home infusion therapy and the total care of HPN patients.

EP-Spokane, WA

Using TPN can be both frightening and isolating. By being thorough, knowledgeable and the best at what they do, and by offering educational and social opportunities, Nutrishare has taken away both the fears and the sense of isolation. They help make it possible for me to be who I am and do the things I love. What a great gift from the Nutrishare Family.

MC-Beaverton, OR

Nutrishare allows me to live a normal life without worrying about everyday TPN issues. They are truly a family.

JG-Watertown, CT

Nutrishare means a lot to my mom and me. I came to them in need and very sick. They have helped play a part in keeping me healthy and fulfilling my dreams.

CG-Boerne, TX

Nutrishare has been a complete oasis for those of us nutritionally challenged. I have had many providers in the past but Nutrishare outshines them all by far. I don't think I could ask more from a provider even if I had personally designed it myself.

JW-Richardson, TX

Nutrishare never ceases to amaze me in their caring and support. I can't say enough about them. They are truly like family.

MD-Leominster, MA

I believe Nutrishare has been an outstanding company in terms of attending to the needs of its patients. They are actually involved in educating patients on recent developments in nutrition support and make considerable efforts to improve the quality of their lifestyles.

MH-Charleston, MA

could not praise enough how superb all the services of Nutrishare are. The comfort and peace of mind they give me is invaluable. The kindness and caring of their staff is unique and help is quickly responded to when needed. Their professional expertise is the top of the line.

SK-Santa Monica, CA

Nutrishare addresses every issue that affects us consumers, both medically and emotionally. They are the best.

MS-Coarsgold, CA

Nutrishare is just fantastic. They go out of the way to make sure things are right for you. You are part of a family and they take care of their Family. There is no equal to Nutrishare.

RG-Elyria, OH

Got Questions?

Benefits to Consumer

FAQ

Testimonials

About Us

Check Out The Nurishare Story!



Testimonials

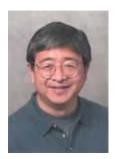


Nutrishare Consumer

"Nutrishare knows their stuff ... so refreshing." Olivia's parents



Founders



Rod Okamoto, RPH.

Nutrishare President

Rod served as Nutrition Support Pharmacist at the UC Davis prior to founding one of the first home TPN pharmacies in the country, MAPS Pharmacy, in 1979. MAPS was acquired by Delmed, Inc which later became part of NMC Homecare. He served as the General Manager for NMC Homecare's Sacramento branch until 1991, when together with Tom Diamantidis, decided to form a consumer-based TPN organization named Nutrishare.



Tom Diamantidis, Pharm. D.

Nutrishare Vice President

Tom completed a Nutrition Support residency at Mercer University prior to joining Community Alimentation as their clinical pharmacy specialist in 1982. Community Alimentation became a part of NMC Homecare with Tom assuming the role of General Manager of NMC's Chatsworth, California branch, NMC's largest branch at the time. Tom and Rod Okamoto formed Nutrishare in 1991 in hopes of improving the lives of the Home TPN consumer.



Clinicians



Mike Hester, Pharm, D.

Nutrishare Projects Manager

Home TPN pharmacy experience since 1984. Served as Director of Pharmacy for Critical Care America in Alameda,

Co-Owner of Home Nutritional Systems, Oakland, CA



Greg Killmeier, Pharm. D., BCNSP

Nutrishare Operations Manager, Louisville, Ky Graduate of the University of Kentucky.

Former Clinical Pharmacist at the University of Louisville Hospital in Louisville, Kentucky



Check Out The

Nurishare Story!

Testimonials

Nutrishare Consumer "There is always a secure feeling

John Lockwood

Nutrishan

Richard Leong, Pharm. D., BCNSP

Nutrishare Operations Manager, Elk Grove, Ca Home TPN pharmacy experience since 1994.

Served as Director of Pharmacy for OPTIONCARE,

Sacramento, California.



Tammy McDowell, Pharm. D.

Nutrishare Clinical Specialist

Graduate of the University of Kentucky

Former Director of Infusion Services at D&R Pharmacare in Louisville, KY



Marianne Opilla, RN, CNSN
Clinical Care & Research Specialist
Graduate of Virginia Commonwealth University School of Nursing.
Board Certified Nutrition Support Nurse 1992, Nutrition Support Nurse at Medical College of Virginia 1989-2005.



Reid Nishikawa, Pharm. D., BCNSP, FCSHP

Nutrishare Director of Research and coordinator, Clinical Services

Formerly nutrition support pharmacist at the UC Davis Medical Center, Reid has published more than 20 papers in nutrition support and infectious disease. Reid also served on the transplant team and the University of Chicago.

Reid has lectured throughout the country for ASPEN and the OLEY Foundation on a variety of TPN-related subjects.



Craig Petersen, RD, CNSD

Nutrishare Nutritionist

Craig has served as a pediatric/adult nutrition support specialist at the UC Davis

Medical Center since 1982. Craig has lectured throughout the country to clinicians
and TPN consumers including ASPEN and OLEY Foundation conferences. Craig
is also involved in several professional organizations and has coauthored
numerous scientific papers and professional practice guidelines, relating to
nutrition support.



lan Robertson, M.S., Pharm.D., BCNSP

Nutrishare Clinical Specialist
Ian completed his B.S. and M.S. in the Department of Food Science and
Technology at U.C. Davis. After working in the brewing industry for 4 years, he
enrolled in the School of Pharmacy at U.C. San Francisco. During his final year
there, he developed his interest in home care and completed clinical clerkships at
Nutrishare and Optioncare. Upon earning his Pharm.D. in 1996, he accepted a
clinical position at Optioncare where he specialized in TPN and pain
management. Ian returned to Nutrishare in February 2006 as a Clinical Specialist.



John Siepler, Pharm. D., BCNSP, FCSHP, FCCP

Nutrishare Research Specialist and Clinical Professor, UCSF School of Pharmacy
UCSF School of Pharmacy: Pharm.D. 1974 Clinical Residency, UCSF:1975
California Society of Health-system Pharmacists: Pharmacist of the Year 2004
California Society of Health-system Pharmacists: Fellow Northern California
Society of Health-system Pharmacists: Pharmacist of the Year 2003 American
College of Clinical Pharmacy: Fellow
Board Certified Nutrition Support Pharmacist 1997 Formerly UC Davis Medical
Center nutrition support pharmacist. John has published more than 100 papers
and 25 book chapters on a wide array of subjects including nutrition support and
gastroenterology.

Clinical Research

Advancements in the clinical management of disease states almost always originate from basic or clinical research. It is the constant awareness of this relationship which reinforces the importance of ongoing research.

Nutrishare is committed to conducting and evaluating ongoing research related to long-term TPN therapy. Through research, many questions may be answered. Our intent is to utilize research that we do as well as other studies to improve the level of clinical care for consumers. Our goal is to utilize research to provide consumers with the latest advancements in clinical medicine and ultimately result in improving your health and quality of life.

Below, please find a listing of the research that Nutrishare staff members have presented at national and international meetings. It is organized by year, with the scientific meeting and location of that meeting listed along with the title of the presentation and the authors who conducted the research. In addition, chapters in textbooks and papers published in scientific journals that have been written by Nutrishare staff members are also listed. If there are any questions about any of these items, please don't hesitate to contact one of the Nutrishare clinical staff at 1-800-HOME TPN.

2008

Siepler JK, Lam K, Diamantidis T, Nishikawa RA, Okamoto R.

Abnormalities of bilirubin, alkaline phosphatase, Aspartine aminotransferase, and Alanine aminotransferase in chronic home parenteral nutrition patients: correlation with patient and clinical characteristics.

JPEN.

NR155

John K. Siepler, Pharm.D., Tom Diamantidis, Pharm.D., Reid A. Nishikawa, Pharm.D., Rod Okamoto, RPh. **Are consumer surveys accurate data collection tools?**A.S.P.E.N. Nutrition Week, Chicago.
NR154

John K. Siepler, Pharm.D., Ken Lam RPh, Tom Diamantidis, Pharm.D., Reid A. Nishikawa, Pharm.D., Rod Okamoto, RPh.

Are abnormal liver function tests in chronic home parenteral nutrition patients associated with intravenous fat emulsion packaging?

A.S.P.E.N. Nutrition Week, Chicago. NR153

John K. Siepler, Pharm.D., Tom Diamantidis, Pharm.D., Reid Nishikawa, Pharm.D., Rod Okamoto, RPh. Does a change of infusion provider affect the complication rate and perception of health in chronic home parenteral nutrition patients?

A.S.P.E.N. Nutrition Week, Chicago. NR152

Marianne Opilla, RN BSN CNSN, John Siepler, PharmD BCNSP FCCP, Thomas Diamantidis, PharmD, Rodney Okamoto, RPh,

Reid Nishikawa, PharmD BCNSP FCSHP

Self Administered Alteplase in a Home Total Parenteral Nutrition Population A.S.P.E.N. Nutrition Week, Chicago.

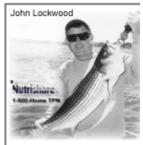
NR151

2007

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Testimonials



Nutrishare Consumer

"There is always a secure feeling knowing I'm getting outstanding service."



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Nutrition in Clinical Practice

NR149

Killmeier G, Siepler, JK, Diamantidis T, Okamoto R.

Analysis of bacterial contamination of home parenteral nutrition solutions after 28 days storage under room temperature and refrigeration.

In Press: Nutrition in Clinical Practice.

NR148

Siepler JK, Okamoto R, Diamantidis T, Nishikawa R.

Incidence of complications associated with chronic home parenteral nutrition is higher in patients who have motility disorders

JPEN

NR147

Opilla M, Siepler JK, Nishikawa RA, Diamantidis T, Okamoto R, Kirby D.

Reduction of catheter related blood stream infections using ethanol locks in patients receiving home parenteral Nutrition

. JPEN

NR146

Siepler JK, Opilla M, Nishikawa RA, Diamantidis T, Okamoto R,

Exit site infections are more common in patients with ostomies.

JPEN

NR145

Robertson I, Siepler JK, Opilla M, Nishikawa RA, Diamantidis T, Okamoto R.

Do neutral flow needleless catheter connectors have a reduced rate of catheter changes in chronic home parenteral nutrition patients?

JPEN

NR144

Siepler JK, Opilla M. Nishikawa RA, Diamantidis T, Okamoto R.

Reduction of catheter related blood stream infections using ethanol locks in patients receiving home parenteral Nutrition

Pharmacotherapy

NR143

Nishikawa RA, Siepler JK, , Diamantidis T, Okamoto R

Osteonecrosis of the jaw in home parenteral nutrition patients on intravenous pamidronate.

Pharmacotherapy

NR142

Siepler JK, Nishikawa RA, Diamantidis T, Okamoto R.

Use of acid suppression does not affect bone mineral density in chronic home

Parenteral Nutrition patients. Clinical Nutrition

NR141

Siepler JK, Nishikawa RA, Diamantidis T, Okamoto R.

Inflammatory bowel disease patients on home parenteral nutrition with metabolic bone disease have a poorer response to intravenous pamidronate.

Clinical Nutrition Week

NR140

2006

Killmeier G, Siepler JK, Diamantidis T, Nishikawa RA, Okamoto R.

Lack of correlation of metabolic bone disease and estimated Al dosage for chronic home parenteral nutrition patients

JPEN 2006;30:S20.

NR139

Siepler JK, Killmeier G, Diamantidis T, Nishikawa R, Okamoto R.

Testing of parenteral nutrition solutions: Validation of freedom from microbial contamination after 28

days storage.

Siepler JK, Opilla M, Nishikawa RA, Kirby D, Diamantidis T, Okamoto R.

Reduction of catheter related bloodstream infections using ethanol locks in patients receiving chronic home parenteral nutrition.

Clinical Nutrition (in press)

NR137

Siepler JK, Nishikawa RA, Diamantidis T, Okamoto R.

Complications are increased in chronic home parenteral nutrition patients with crohn's disease receiving monoclonal antibody treatment.

Clinical Nutrition (in press)

NR136

Nishikawa RA, Siepler JK, Diamantidis T, Sasaki F, Okamoto R.

Osteonecrosis of the Jaw in chronic home parenteral nutrition patients receiving pamidronate.

Clinical Nutrition (in press)

NR135

2005

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Okamoto, Rod **Quality of life in home parenteral nutrition patients**Abstract: Pharmacotherapy, In press
ACCP Spring Research and Education Forum 2005

Myrtle Beach, SC

NR128

Siepler, John K; Nishikawa, Reid A; Kumpf, Vanessa; Diamantidis, Tom; Petersen, Craig; Okamoto, Rod; Tottv. Darren

Thrombocytopenia in chronic home parenteral nutrition patients

Abstract: Nutr Clin Pract 2005; 20:132. A.S.P.E.N. Clinical Nutrition Week 2005 Orlando, FL

NR130

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Petersen, Craig; Okamoto, Rod

Infectious complications in patients receiving home parenteral nutrition are associated with blood glucose control

Abstract: JPEN 2005; 29:S38. A.S.P.E.N. Nutrition Week 2005 Orlando. FL

NR108

2004

Siepler, John K; Petersen, Craig; Nishikawa, Reid A; Diamantidis, Tom; Okamoto, Rod

Complications in chronic home parenteral nutrition patients is increased in patients whose actual weight is below desired weight

Abstract: Nutrition in Clinical Practice 2004; 19:82

A.S.P.E.N. Nutrition Week 2004:

American Society for Parenteral and Enteral Nutrition

NR111

Kumpf, Vanessa: Okamoto, Rod: Diamantidis, Tom

Long-term use of chlorhexidine for skin antisepsis in home parenteral nutrition patients

Abstract: Nutrition in Clinical Practice 2004; 19:73.

A.S.P.E.N. Nutrition Week 2004:

American Society for Parenteral and Enteral Nutrition

NR106

Kumpf, Vanessa

Decrease in infectious complications in a pediatric home parenteral nutrition patient: impact of clinical interventions

Abstract: Nutrition in Clinical Practice 2004; 19:83.

A.S.P.E.N. Nutrition Week 2004:

American Society for Parenteral and Enteral Mutrition

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Petersen, Craig; Okamoto, Rod

Infectious complications in patients receiving home parenteral nutrition are associated with blood glucose control

Abstract: Clinical Nutrition 2004; 23:1487

ESPEN 2004

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR120

Siepler, John K: Nishikawa, Reid A; Siepler, SE; Diamantidis, Tom; Okamoto, Rod

Intravenous pamidronate successfully reverses diminished bone mineral density in Home TPN patients

Abstract: Gastroenterology. 2004 April

Annual Meeting of the American Gastroenterological Association. DDW 2004

NR129

Ryder, Marcia; Nishikawa, Reid A; Liu, YL; Kite, P; Engler, M; Leung, J

Efficacy of tetra sodium EDTA: A novel antimicrobial agent superior to ciprofloxacin in Coagulasenegative Staphylococcus and Pseudomonas aeruginosa biofilm bacteria

ICAAC 2004 Washington DC NR98B

Ryder, Marcia; Nishikawa, Reid; Liu YL; Engler M; Leung J

Electroporation: Pulsed electrical fields produce rapid reduction of Coagulase-negative Staphylococcus biofilm bacteria when used alone or in combination with antibiotics

ICAAC 2004 Washington DC NR98C

2003

Siepler, John K; Avante, Clare

Quality of life in patients receiving chronic home parenteral nutrition (HPN) is not affected by incidence of HPN associated complications

Abstract: JPEN 2003; 27(1): S32. A.S.P.E.N. Nutrition Week 2003:

American Society for Parenteral and Enteral Nutrition

NR97

Nishikawa, Reid A; Siepler, SE; Siepler, John K; Diamantidis, Tom;

Okamoto, Rod

Intravenous pamidronate improves bone mineral density in home parenteral nutrition patients.

Abstract: Clinical Nutrition. 2003; 22:S88.

ESPEN 2003

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR101

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Okamoto, Rod

Home parenteral nutrition in patients using specialized home care providers without complications have a higher quality of life than those using a general home care provider.

Abstract: Clinical Nutrition. Aug 2003; 22:S89.

ESPEN, 2003

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR96

Ryder, Marcia; Nishikawa, Reid A; Liu, YL; Kite, P; Engler, M; Leung, J

Efficacy of tetra sodium EDTA: A novel antimicrobial agent superior to ciprofloxacin in Coagulasenegative Staphylococcus and Pseudomonas aeruginosa biofilm bacteria

American Society of Microbiology (ASM) Conferences,

Biofilms 2003,

Victoria, British Columbia

NR98

Ryder, Marcia; Nishikawa, Reid A; Liu, YL; Engler, M; Leung, J

Figural and a straight and a straight straight and a straight and

Electroporat@நுகுயு§ஒடுகுமுடியுடியுந்து MoBilde/rapi@நகுமுகுற்றாடுவேயுக்குகுறுந்து 4/2008 Page 14 of 19 Staphylococcus biofilm bacteria when used alone or in combination with antibiotics

American Society of Microbiology (ASM) Conferences,

Biofilms 2003,

Victoria, British Columbia

NR98

2002

Siepler, John K; Okamoto, Rod; Diamantidis, Tom; Nishikawa, Reid A

Quality of life analysis in patients with chronic intestinal pseudobstruction on home parenteral nutrition

Abstract: Clinical Nutrition. October 2002.

ESPEN, 2002

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR117

Siepler, John K; Totty, Darren E; Okamoto, Rod; Diamantidis, Tom; Nishikawa, Reid A

Reformulated parenteral multivitamins in long-term parenteral nutrition patients: impact on therapeutic anticoagulation

American Society for Health-System Pharmacists (ASHP) Mid-Year Clinical Meeting, 2002.

NR105

Hester, Mike L; Okamoto, Rod; Diamantidis, Tom

Efficacy of low dose tPA in occluded catheters in long term TPN patients

American Society for Health-System Pharmacists (ASHP) Mid-Year Clinical Meeting, 2002.

NR100

2001

Nishikawa, Reid A; Siepler, John K; Diamantidis, Tom; Okamoto, Rod

Elevated manganese levels in long-term home parenteral nutrition patients is not predicted by dose

Abstract: JPEN 2001; 25:S7.

American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Clinical Congress, 2001.

NR103

Siepler, John K; Okamoto, Rod; Diamantidis, Tom; Nishikawa, Reid A; Totty, Darren E; Hester, Michael L Monthly urokinase (URO) in long-term home TPN (HPN) patients reduces the incidence of hospital admissions

Abstract: JPEN. 2001: 25:S7.

American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Clinical Congress, 2001.

NR109

Siepler, John K; Petersen, Craig; Okamoto, Rod; Diamantidis, Tom; Nishikawa, Reid A

Ability of patients with short bowel syndrome (SBS) to wean of home parenteral nutrition (HPN) after an intestinal rehabilitation program (BRP) is related to remaining bowel length.

Abstract: Clinical Nutrition. Sept 2001

ESPEN, 2001.

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR104

2000

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Petersen, Craig; Okamoto, Rod

Pediatric patients on home parenteral nutrition (HPN) wean off hpn (WHPN) easier than adults

Abstract: Clinical Nutrition. Sept 2000.

ESPEN, 2000.

Annual Meeting of the European Society for Parenteral and Enteral Nutrition

NR102

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Okamoto, Rod

Attendance at a bowel rehabilitation program is not associated with an increased ability to wean from parenteral nutrition in patients with short bowel syndrome after bowel resection

Abstract: Gastroenterology 2000; 118:A1097.

Annual meeting of the American Gastroenterology Association (DDW), 2000.

NR113

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Peterson, Craig; Okamoto, Rod

Relationship of gastrointestinal (GI) anatomy and ability to wean off of parenteral Nutrition (HPN) in

nationts with short howel syndrome (CDC) following multiple howel resection (MDD)

Page 15 of 19

A.S.P.E.N. Clinical Congress, 2000

American Society for Parenteral and Enteral Nutrition

NR124

1999

Siepler, John K; Nishikawa, Reid A; Hester, Mike; et al.

Routine urokinase reduces catheter complications in patients on chronic home parenteral nutrition

Abstract: Gastroenterology. April 1999.

Annual meeting of the American Gastroenterology Association (DDW), 1999.

NR118

1997

Siepler, John K; Petersen, Craig; Okamoto, Rod; Diamantidis, Tom; Nishikawa, Reid A

An analysis of home TPN related hospital admissions: comparison of specialized and general home care providers

ASHP Annual Meeting, 1997.

American Society for Health-System Pharmacists

NR99

Textbook Chapters:

Textbook chapter:

Chessman K; Kumpf, Vanessa;

Assessment of nutrition status and nutrition requirements.

In: Pharmacotherapy: A pathophysiologic approach

DiPiro JT, ed. 6th ed.

Appleton & Lange; publication pending.

NR122

Textbook chapter:

Kumpf, Vanessa; Chessman, K.

Enteral Nutrition

In: Pharmacotherapy: A pathophysiologic approach

DiPiro JT, ed 6th ed.

Appleton & Lange; publication pending.

NR121

Textbook chapter:

Martindale RG, Shikora SA, Nishikawa, Reid A; Siepler, John K;

The metabolic response to stress and alterations in nutrient metabolism

In: Nutritional considerations in the intensive care unit.

Shakoura, S: Martindale, RG, editors

Kendal-Hunt, Bethesda, MD: 2003; pp 11-21

NR125

Textbook chapter:

Kumpf, Vanessa: Gervasio J

Pharmacotherapeutics

In: The science and practice of nutrition support: A case-based core curriculum

Gottschlich M, ed.

A.S.P.E.N., Inc Silver Spring: 2001; pp 287-299.

NR119

Textbook chapter:

Seipler, John K and Phinney, SP

TPN in the diabetic patient

In: Nutrition Support: Theory and Therapeutics,

Shakoura S and Blackburn, GL editors Chapman and Hall. New York, NY, 1997, pp 321-335

NR126

Journal Articles:

Journal article:

Mirtallo J; Canada T; Johnson D; Kumpf, Vanessa; Petersen, Craig; Sacks G; Seres D, Guenter P.

Safe practices for parenteral nutrition.

JPEN 2004; 28(6 suppl): S39-S70.

NR123

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Journal article: Kumpf, Vanessa

Update on parenteral iron therapy.

Nutrition in Clinical Practice 2003; 18:318-326.

NR115

Journal article:

Siepler, John K; Nishikawa, Reid A; Diamantidis, Tom; Okamoto, Rod

Asymptomatic hypermanganesemia in long-term home parenteral nutrition patients.

Nutrition in Clinical Practice 2003; 18:370-373.

NR116

Journal article:

Kumpf, Vanessa

Implementation of safe practices for parenteral nutrition formulations.

Am J Health-Syst Pharm 1999; 56:815-817.

NR107

Journal article:

Kumpf, Vanessa

Current guidelines for the use of parenteral nutrition.

Home Health Care Consultant 1999; 6:20-25.

NR114

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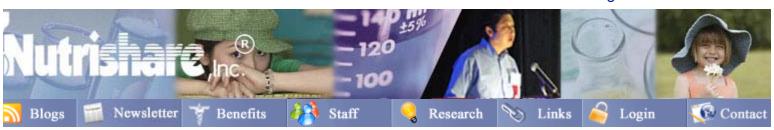
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- American Gastroenterological Association (public section)
- Oley Foundation
- Scleroderma Foundation
- About Kids-GI Disorders
- Crohn's and Colitis Foundation
- North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition
- United Ostomy Association
- National Eosinophilic Enteritis Disease Foundation







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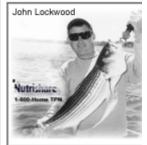
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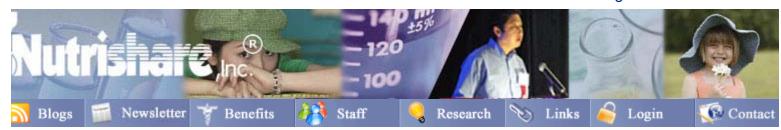
Testimonials



Nutrishare Consumer

"There is always a secure feeling knowing I'm getting outstanding service."







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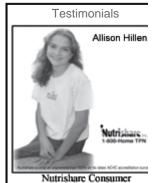


Corporate Office

Louisville Ky. Office

10519 E. Stockton BI #110 Elk Grove Ca. 95624 800-HOME-TPN (466-3876) Pharmacy Fax (888) 626-3344 Office Fax (916) 685-5588 11020 Plantside Dr. Louisville Ky. 40299 (800) HOME-TPN (466-3876) Pharmacy Fax 800-530-0853

o request additional information about Nutrishare services please use the email form or call 1-800-HOME-TPN select and ask to speak to a pharmacist.



"Nutrishare's one-on-one persona contact gives me a sense of comfo





really appreciate BioRx because of its people like you and Matt and a few others that I've had the fortune of meeting and/or talking to. You guys are doing a great job." - Juanita F.

Filed 06/24/2008

Page 1 of 8

"Just wanted to write in saying that I am very pleased with the service I receive from BioRx. We have been with BioRx for about two years now. They have always gone out of their way to get the





About the Heparin Recalls

BioRx Offers Vivaglobin® to Patients with Primary Immune Deficiency Disorders

Biorx Pledges Long-Term Financial Commitment to the Oley Foundation to Help Individuals Requiring Home Intravenous Nutrition and Tube Feeding.

> 10828 Kenwood Rd Cincinnati, OH 45242 Toll Free: 866-442-4679







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ABOUT US

Dedicated to Exceptional Service

BioRx is a national provider and distributor of certain specialty pharmaceuticals, related supplies, as well as clinical and reimbursement support services. Currently BioRx has four product offerings: 1) In-home hemophilia care, or the provision of hemophilia clotting factors and highly customized support services, 2) in-home IgG, 3) in-office infusion suite management services, primarily targeted at neurology and immunology practices, and 4) improving life on nutrition support.

HEMOPHILIA

Our hemophilia services are hallmarked by close community and patient involvement, highly customized supply management, and intense customer service. One of our primary missions is to promote patient independence and disease education in order to empower patients and their families. We expect to invest highly in the markets in which we participate.

INFUSION SUITE MANAGEMENT

Our in-office infusion suite programs are customized to each practice. We offer a menu of services in order to complement each practice's strengths and weaknesses. Our model strives to prepare the practice from multiple angles: clinical, operational, and financial. BioRx offers contracting models that effectively align our financial incentives with those of our customers.

Home IgG

Our In-home IgG program is built on sound clinical management, side effect prevention, product selection, and risk management. Additionally, BioRx offers comprehensive insurance work-ups, authorizations, and billing on behalf of our patients.

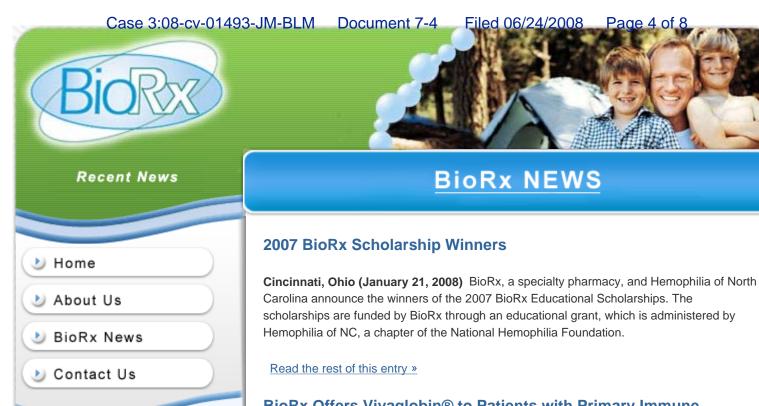
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Improving life on nutrition support.

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BioRx Offers Vivaglobin® to Patients with Primary Immune Deficiency Disorders

PIDD Brochure

Cincinnati, Ohio (October 18, 2007) -BioRx, a specialty pharmaceutical company, announces the availability of Vivaglobin® (immune globulin subcutaneous [human]), an immunoglobulin (ig) replacement therapy for treating patients with primary immune deficiency disorder (PIDD). PIDD is a group of usually-genetic disorders that compromise the immune system, leaving people vulnerable to recurrent, life-threatening infections. An estimated 50,000 Americans have PIDD.

Read the rest of this entry »

Biorx Pledges Long-Term Financial Commitment to the Oley Foundation to Help Individuals Requiring Home Intravenous Nutrition and Tube Feeding.

BioRx Creates *FULL CIRCLETM* program to support the Oley Foundation

CINCINNATI, Ohio (November 7, 2007) - BioRx, one of the nation's fastest growing providers of specialty pharmaceuticals, announces the creation of a new program to help individuals requiring home intravenous nutrition and tube feeding. Their program, called *Full CircleTM*, has been established to provide financial support to the Oley Foundation, a non-profit organization based at Albany Medical Center In New York, which is dedicated to enhancing the lives of those who require home infused (parenteral) and tube feeding (enteral). The Foundation offers programs that educate members about the therapy that sustains them, provides outreach and networking opportunities that remove isolation and create a sense of normalcy - motivating members to play an active role in decisions being made the Foundation.

Read the rest of this entry »

BioRx Offers Free 2008 Kids Hemophilia Calendar

Case 3:08-cv-01493-JM-BLM Document 7-4 Filed 06/24/2008 Page 5 of 8 Cincinnati, Ohio (October 31, 2007) - BioRx, a specialty pharmaceutical company,

announces the availability of a free 2008 calendar to the hemophilia community. The annual Kids Hemophilia Calendar features artwork from children who either have a bleeding disorder or have a sibling or parent with a bleeding disorder.

To produce the calendar, BioRx sponsored a contest requiring entrants in three different age categories to submit artwork relating to their experiences in living with hemophilia. The company received more than 70 entries, which were judged on artistic merit and relevance to hemophilia. All contestants receive a prize and a copy of the calendar. Winning artwork is published in the calendar.



Read the rest of this entry »

BioRx 2009 Kids Hemophilia Calendar Contest

CINCINNATI, Ohio (October 31, 2007) - BioRx, a specialty pharmaceutical company, announces the 2009 Kids Hemophilia Calendar for children who either have a bleeding disorder or have a sibling or parent with a bleeding disorder. Submit a drawing, sketch, or painting depicting some aspect of life with hemophilia. The best from each age group will be included in the calendar. Every entrant will receive a prize and a copy of the calendar. The best entries will have their art featured in the calendar.

Read the rest of this entry »

Bayer HealthCare and BioRx Introduce Educational Children's Book About Hemophilia

Cincinnati, Ohio (October 11, 2007) - Bayer HealthCare and BioRx, a specialty pharmaceutical company, announce the availability of *I AM NATE*, a new children's book about hemophilia. Written by Chris Perretti Barnes, the mother of a young boy with hemophilia A, the book is the second in a series of books intended to educate children about hemophilia.

Read the rest of this entry »

Biorx Pledges Long-Term Financial Commitment to Patients With Primary Immunodeficiency Diseases and the Immune Deficiency Foundation

CINCINNATI, Ohio (June 15, 2007) - BioRx, one of the nation's fastest growing providers of specialty pharmaceuticals, announces the creation of a new program to help patients with primary immunodeficiency diseases (PIDD). Their program, called Full CircleTM, has been

Case 3:08-cv-01493-JM-BLM Document 7-4 Filed 06/24/2008 Page 6 of 8 established to provide financial support to the Immune Deficiency Foundation (IDF), the national patient organization with the mission to improve the diagnosis and treatment of patients with primary immune deficiency diseases through research, education and advocacy. As the first "Sponsor" of IDF's new Home Healthcare and Specialty Pharmacy Sponsorship program, BioRx has committed to making a base level contribution to the IDF annually.

Read the rest of this entry »

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CONTACT US

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If you have any questions or concerns, please call us at 866-442-4679 or use our convenient online form to contact one of our caring professionals and we will be happy to contact you and address your questions!

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BioRx PO Box 1477 Florence, KY 41022

- · Additional dispensing locations in other states.
- BioRx also maintains billing offices in Pittsburgh, PA.

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LifelineLetter

Living with home parenteral and/or enteral nutrition (HPEN)

The Scoop on Heparin

Lisa Crosby Metzger

Over the last few months, there have been several recalls of heparin due to adverse events associated with the product. Several hundred adverse events—from nausea and headaches to rapid heart beat and

low blood pressure—have been reported, as well as up to nineteen deaths. Nearly all these adverse events have been associated with larger doses of heparin (5,000 to 50,000 units) given as a bolus, or over a short period of time. A typical heparin flush is in the range of 50 to 1,000



The FDA has recalled some brands of heparin flushes used by HPN consumers; however, as of late March, the flushes had not been linked with adverse events.

units; as of late March, no adverse events had been reported in association with heparin flushes. Also as of late March, scientists were working to establish if there was a causal connection between the heparin, which was found to be contaminated, and the reactions that were reported.

The recalls started with a limited lot of multi-dose

vials but were later expanded to include single-dose vials and heparin flush products. As of late March, the recalls included:

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• Baxter Healthcare—all lots and doses of heparin so-

dium injection multi-dose vials, single-dose vials, and Hep-Lock heparin flushes (voluntary recall issued February 28, 2008)

• American Health Packaging—1,421 units (25 vials per unit) of 10,000 USP units/ml heparin sodium injection 1ml vials (vials were manufactured

by Baxter and placed by AHP into individually labeled bags for use in pharmacy automation equipment; voluntary recall issued March 20, 2008)

• B. Braun Medical, Inc.—twenty-three lots of heparin sodium injection vials recalled in United States and Canada (voluntary recall issued March 21, 2008)

Heparin, cont. pg. 2 🖝

Connect at Conference!

Feeling isolated? Wish you knew more about the therapy that sustains you? Interested in meeting others who are dealing with malabsorption or other gut issues? If your answer is yes—or even maybe—please consider making the journey to San Diego for the Oley Consumer/Clinician Conference, June 26 to 30. This is an outstanding opportunity to learn how to optimize

your quality of life.



Top clinicians from around the country will teach you the scientific perspective while your peers share coping skills and practical information. Some of the sessions we have scheduled include: Your Interventional Radiologist and You, Strategies

for Preventing Vascular Access Blood Stream Infections, Pain Management, Beyond Pain Medication, Cooking

Conference, cont. pg. 13



Experiences are shared in small groups at Oley conferences.

Oley in Chicago

Turnout at Oley's one-day conference in Chicago was impressive, despite the cold weather of early February. Over seventy brave souls ventured out to hear the speakers, to meet and visit with one another over lunch, to gather information from exhibitors, and to participate in roundtable discussions. Said one conference-goer, "I always appreciate and take away so much added practical knowledge from [the regional] conference. Once again, I was not disappointed!"

Chicago, cont. pg. 10

Medical Update

Heparin, from pg. 1

- Covidien Ltd.—thirty-two lots of prefilled lock flush syringes (voluntary recall issued March 28, 2008)
- By late March, recalls had also been issued in Germany, Japan, Canada (see B. Braun, above), Italy, Denmark, France, and Australia.

Check Oley's, FDA's, or the companies' Web sites, or call the Oley offices for up-to-date information about the recalls.

LifelineLetter

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The LifelineLetter is sent free of charge to those on home parenteral or enteral nutrition. For all others, the annual rate due each January is \$40.

The LifelineLetter is the bi-monthly newsletter of the Oley Foundation. Items published are provided as an open forum for the homePEN community and should not imply endorsement by the Oley Foundation. All items/ads/suggestions should be discussed with your health care provider prior to actual use. Correspondence can be sent to the Editor at the address above.

Reactions

The adverse, allergy-like reactions cited in the Baxter recall notice include stomach pain or discomfort, nausea, vomiting, diarrhea, low blood pressure, chest pain, rapid heart beat, dizziness, fainting, shortness of breath, and headache. The Baxter news release states that "nearly all reported adverse reactions have occurred in three specific areas of product use-renal dialysis, invasive cardiovascular procedures and apheresis procedures" (done to separate blood components from whole blood) and that the "vast majority of the reports...have been associated with the multi-dose products" (February 28, 2008).

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As of late March, Baxter had received ap-

proximately six hundred heparin-related adverse reaction reports. The FDA also had reports of several deaths possibly associated with the use of contaminated heparin (numbers reported range between four and 19, depending on the source). In a March 19 statement, Baxter noted that it was "continuing its

efforts to determine if there is a link between the contaminant and adverse reactions, using additional advanced testing."

Regarding heparin flushes, in a March 19 media briefing, Dr. Janet Woodcock, director of the FDA Center for Drug Evaluation and Research, said, "To our knowledge we haven't had any adverse events reported with...these types of devices... that have small volumes of heparin."

New Testing

In a statement available on the FDA Web site March 7, the FDA said, "After conventional testing did not prove useful in detecting these contaminants, FDA experts developed new test methods that use existing state-of-the-art technologies....FDA scientists determined that the sampled products contained 5 percent to 20 percent of a heparin-like compound—a contaminant that mimicked heparin activity so closely that it was not recognized by routine testing." As of late March, it was still unclear if this substance was the cause of the adverse events, but many of the manufacturers who supply imported heparin to the United States have agreed to implement the new tests.

The heparin-like substance has been identified by the FDA as oversulfated chondroitin sulfate.

Both raw heparin and chondroitin are derived from pigs, but the FDA noted that oversulfated chondroitin sulfate does not occur naturally.

In searching for the source of the contamination, as of late March the FDA was looking at a plant in Changzhou, China, which is owned in part by Wisconsin-based Scientific Protein Laboratories. On March 14, the FDA stated it had obtained 28 active pharmaceutical ingredient (API) samples at the Changzhou plant, and "using our screening tests we found that 20 of these samples had heparin-like contaminant."

Production

The heparin supply chain can

be fairly long and complex.

In one scenario, heparin

manufacture begins in small

workshops in rural China,

where pig intestines are

scraped, boiled, and cleaned.

The heparin supply chain can be fairly long and complex. In one scenario, heparin

manufacture begins in small workshops in rural China, where pig intestines are scraped, boiled, and cleaned. This process creates raw heparin (interestingly, it also produces sausage casings). Sometimes the raw heparin goes directly from a workshop to an API manufacturer, and sometimes it goes to

a consolidator. A consolidator combines the raw heparin from several workshops before supplying it to a factory for the production of heparin API. Finally, different heparin manufacturers or distributors then purchase the API for use in their heparin solution. The Baxter, American Health Packaging, B. Braun, and Covidien recalls are all because the recalled products contain or may contain API from the plant in Changzhou.

On March 19, Baxter's corporate vice president and chief scientific officer, Norbert Riedel, Ph.D., noted, "The hypersulfated chondroitin sulfate is not only found in the active pharmaceutical ingredient (API) we use to make our heparin, but in the crude material used to make the API. That means that this contaminant was very likely introduced at the workshop or consolidator level, before it reached our API supplier [the plant in Changzhou] and definitely before it reached Baxter."

While not all heparin is produced with such a diverse supply chain, and not all API originates in China, this production sequence does raise concerns about further recalls. The initial recall of several lots of Baxter heparin

Heparin, cont. pg. 11 🖝

HEN Tips

Tube Talk

Thank you to everyone who sent material for the "Tube Talk" column. Anyone who is interested in participating can send their tips, questions and thoughts about tube feeding to: Tube Talk, c/o The Oley Foundation, 214 Hun Memorial MC-28, Albany Medical Center, Albany, NY 12208; or E-mail Metzgel@mail.amc.edu. Information shared in this column represents the experience of that individual and should not imply endorsement by the Oley Foundation. The Foundation strongly encourages readers to discuss any suggestions with their physician and/or wound care nurse before making any changes in their care.

Soothing Skin Irritation

Our son, Matthew, was diagnosed with pseudo-obstruction syndrome of the small bowel and had a G-tube placed a few months before his second birthday. The nurses told me about a concoction that they called "butt paste." They said it was the best ever for any skin irritation. They made it with equal parts of Desitin, Mycostatin powder (or you can substitute any anti-yeast cream), Neosporin ointment (or generic), and hydrocortisone cream (over the counter).

When Matthew started having problems with persistent granulomas, the doctors wanted to use silver nitrate to clean up the site. They told me it would burn and so I told them not to use it. I tried the butt paste instead and it worked beautifully.

Matthew is twenty-one years old now and we have had several comments from medical professionals and special education school personnel about how healthy and clean his stoma looks. I have tweaked the concoction over the years. I've deleted the Desitin and added Prep H (or generic) ointment. I use just a small amount on the stoma after every bath. It works. The site is healthy and not painful at all.

> —Teresa Madden Ibmaddenmom@aol.com

Editor's note: There are some concerns amongst our medical advisors about chronic use of topical steroids and antibiotics (Neosporin and Mycostatin). Also, one of our medical advisors adds, "'Butt paste' is aquaphor jelly cholestyramine in my lexicon."

HomePEN Flix

Looking for a video or DVD for a Friday night? Well, maybe you'll want to try the local video store or Netflix for that. But if you're looking for information on HPEN, try the Oley video/

DVD library. One new title is "You Prescribe It,

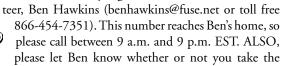
But Can You Live with It?" featuring Oley members Ann Weaver, Tim Weaver, and Sheila Messina and shot at the recent AS-PEN conference. Also new is a DVD about tube feeding at home, which features several other prominent Oley members and contains some excellent coping tips.

A comprehensive list of the videos/DVDs available through Oley and information about how to borrow them is available on the Oley Web site, www.oley.org. Or call the Oley office at 800-776-6539.

Equipment/Supply Exchange

MANY SUPPLIES are available! New items are added regularly and are available free of charge. We have rotating supplies of:

- Formula, such as Isosource 1.5, Replete, Jevity, and Nutren
- Bags, such as Ross Embrace, Ross Companion, and Compat
- Supplies, including tubing, pump sets, ostomy supplies, etc. For details on what's available currently, how to acquire it, or how to donate, visit www.oley.org or contact our volun-



items referred to you. If you can't use them, he can make them available to other members. Oley cannot guarantee the quality of the supplies donated or be responsible for their condition. We ask that those receiving goods offer to pay the shipping costs.

Welcome to the Forum

You asked for it! The Oley Foundation's online discussion forum is now up and running. The forum is a great way to meet other HPEN consumers, friends, and family members with similar concerns. Share your stories, support, and information. We've suggested some topics, like travel and parenting, but you can



start your own discussion threads as well. To learn more about the discussions and join in, go to www.oley.org, "Meet Patients."



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Let us help you navigate the MIL of healthcare!



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Lisa with Bryan and Sarah in 1991. Her husband Ron is behind the camera, as usual.

My First Conference

Lisa Crosby Metzger

I went to the Oley conference in Cape Cod last year as a new staff member, but also with a little personal experience of parenteral nutrition (PN). And while Cape Cod was familiar turf for me, in the last several years conference experiences had become foreign. From the time my oldest child was born until starting at Oley, I'd worked as a free-lance editor; for twenty years it was largely just me, a manuscript, and a red pencil. Going back to working in an office was an adjustment, and with the conference looming before me, I felt overwhelmed by the unknown.

Oley members who consider going to the conference for the first time may feel some similar apprehension. What can you expect at an Oley conference? In my limited experience, it's busy, but it's not unmanageable. There's lots of help, and people everywhere to answer questions. The people I met at the conference were warm, welcoming, and open. This is an exceptional group of people who give so much despite the challenges they face.

And while a full schedule is offered at conference, there is down time. You also always have the option of passing something by if you are just too tired. I was grateful for the opportunity to sit with Oley members at the meals provided and to visit at other events. The opportunities to talk to other members and professionals were abundant. All in all, I was impressed by what a small staff, with the help of incredible volunteers, could accomplish.

Being amongst so many homePEN consumers as someone who was briefly on parenteral nutrition evoked some other, unexpected, deeper reactions from me. I was on PN for about five months during each of two pregnancies. My kids are now young adults (nineteen and twenty-one), and very healthy. I don't think we would have made it through without PN, but there were times when I didn't think we'd make it through with PN, either.

A lot happened in the ten months I was on PN. I had a pneumothorax, blood transfusions (twice), chest tubes (twice), a line infection, and

First Conference, cont. pg. 10

Darla: Oley's Newest RC

Darla Edwards of Fairfield, California, has recently volunteered to join the ranks of Oley Regional Coordinators. We are so pleased to welcome her. Darla is a full-time college student, majoring in child

psychology, and she brings with her a lot of experience, energy, and enthusiasm.



When Darla was just two years old, she was diagnosed with congenital intestinal lymphangiectasia. Since then she has received additional diagnoses of secondary protein-losing enteropathy, secondary hypogammaglobulinemia, asthma, and spinal osteopenia. Darla was parenteral-nutrition (PN) dependent for eight years and also received enteral (EN) nutrition through a G-tube. She has experienced beginning-stage liver failure and pitting edema, and suffers from compromised immunity.

Now in her early twenties, Darla is currently off PN. She still receives intravenous immunoglobulin (IVIG) and protein infusions. She is employed as a part-time child daycare provider and spends her free time drawing, singing, dancing, and doing jigsaw puzzles. She believes it is important to set and achieve goals in spite of the challenges put forth by her diseases. Darla hopes that by sharing her medical experiences and personal knowledge, she will be able to help other Oley members. She is very interested in developing local fundraisers and searching for new outreach avenues.

Darla can be reached at 2764 Shearwater Way, Fairfield, CA 94533; (707) 437-0241; or Cookie0241@aol.com.

Recognize Someone Special

Oley Award Nominations

The Oley awards give us each a chance to acknowledge someone in our life who has inspired us by their courage, perseverance, or willingness to help others. Nominate someone who has earned your respect because of what they have overcome or inspired you by how they live.

The significance of being nominated is great by itself, as each nominee will be recognized at the Oley conference in San Diego, CA. Combine this

with the potential of a travel grant, and this is awesome! **Ring your own bell!**

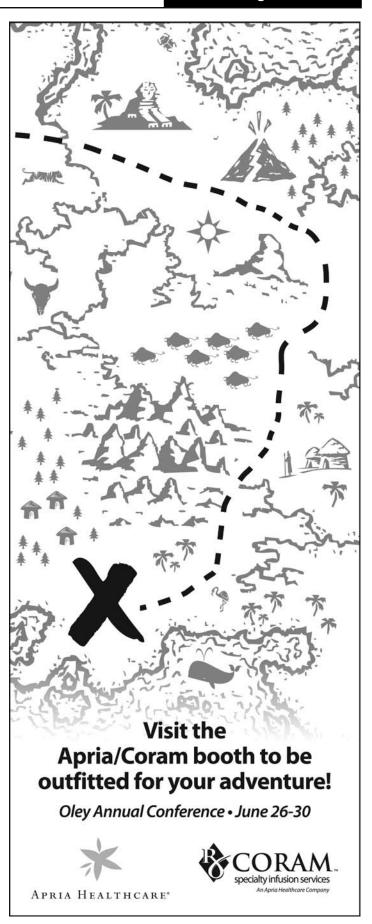
Don't resist nominating yourself. Tell your story, or share examples of how you have helped others. At the very least, it will motivate other consumers.

It's FREE and easy!

A simple form with three, quick questions is all you need to complete. Find it on our Web site, www.oley.org, or request a form from Cathy Harrington at harrinc@mail.amc.edu. Just type in your answers — fax it, mail it or click "submit" — and you're done. Send as many forms as you'd like.

Questions?

Call (800) 776-OLEY or visit www.oley.org. Award nominations must be submitted by **April 25, 2008.**



Meet Tim Weaver: A Teenager on the Go

Todd Friedman

Tim's diagnosis of Hirschsprung's disease has necessitated that he receive parenteral or enteral feedings since he was three days old. But you would never know by looking at him that he has any kind of health condition whatsoever.

I had never met Tim until the Oley regional conference in Chicago, Illinois, earlier this year, though I had agreed to write this article about him and I had met his mother, Ann, once or twice. When I first sought Tim out once the conference had started, I couldn't find him. I did

notice a young man about five foot five with a healthy-looking build standing at a table next to mine during one of the presentations, but it didn't even occur to me that he could be thirteen-year-old Tim. I initially thought this young man was perhaps a student in high school who was at the conference lending support to a relative on parenteral (PN) or enteral (EN) nutrition.

But that's the beauty of being on PN and/or EN feedings! They keep many of us so healthy that it is sometimes very difficult to tell who the patients are at Oley conferences and other gatherings for homePEN consumers.

Trouble at Birth

Tim has been on PN and/or EN feedings essentially since

birth. Doctors actually knew that something was amiss when Ann was thirty-one weeks pregnant with him. Her ultrasound showed that Tim had a dilated (enlarged) bowel, which is sometimes indicative of an obstruction. When Tim was born, he was diagnosed with Hirschsprung's disease. Hirschsprung's is a condition where nerve cells that are responsible for peristalsis don't descend into the lower intestinal tract. The absence of these nerve cells make passing stool difficult or sometimes not possible at all, thus causing an obstruction.

Hirschsprung's is often detected at birth as infants don't pass meconium, which also contributes to difficulty having a bowel movement. Hirschsprung's is frequently diagnosed with a rectal biopsy; in Tim's case, it was discovered when he underwent exploratory surgery at three days old. During this surgery, the doctors discovered that Hirschsprung's had affected Tim's entire colon, all of his ileum, and half of his jejunum. All of this portion of Tim's intestinal tract had to be surgically removed. This surgery left Tim with only 51 centimeters of bowel, and dependent on PN.

When Tim was only two weeks old, his parents were asked, "Do you want to do anything more?" Several physicians felt that Tim's condition was incompatible with life. These physicians told Tim's parents, Ann and Mike, that Tim would need PN to survive, and that the PN would lead to liver failure and, ultimately, to Tim's death. The physicians felt that

it might be better for Ann and Mike to let go—before they became too attached. Fortunately, Tim's parents obtained a second opinion.

Tim was PN dependent for several years, but his PN was gradually reduced as his bowel grew and as he tolerated increases in his EN. By the time Tim was three-and-a-half years old, he was completely off of PN and was growing from a combination of EN and oral intake. He kept his central line for an additional four years for hydration. Tim currently receives 1400 ccs of formula through his gastrostomy tube

(G-tube) nightly, eats multiple meals throughout the day, and takes an additional liter of electrolyte solution.

Teamwork

While many kids Tim's age are dependent upon their parents to help them hook up to and disconnect from their PN and/or EN feedings, Tim manages his own EN feeding care. He changes his button, hooks himself up to his pump each night, and disconnects himself from his pump in the morning. Tim has been mixing his own formula and taking charge of his own care since age six or seven. Now thirteen, he feels he really mastered the entire process about five years ago.

charge of his own care since age six or seven. Now thirteen, he feels he really mastered the entire process about five years ago.

A good part of Tim's success health-wise can be attributed to e family and an outstanding doctor maneed for his illness at Children's Memorial the had wonderful things to say about the ceived there over the years. Tim's doctor



Tim (center) enjoying a day on the lake with Mike, his father (right), and Dave, a family friend.

his having a very supportive family and an outstanding doctor managing his care. Tim is treated for his illness at Children's Memorial Hospital in Chicago, and he had wonderful things to say about the phenomenal care he has received there over the years. Tim's doctor has followed him since he was a month old and both he and Ann are comforted in knowing that they can call her any time day or night.

School Days

Tim's doctor is very proud of all that Tim has accomplished thus far in spite of his having a challenging health condition—as she should be! Not only does Tim have an admirable positive mental attitude with regards to his care, but he also earns all As and Bs in school! In addition to maintaining an impressive grade point average, Tim also enjoys playing the tuba in the school band.

Tim does a conscientious job of managing his enteral feeding regimen, and he has managed to avoid being hospitalized for more than a week at a time. This permits him to keep up with his schoolwork. Other than the occasional button leak or challenge in tolerating his formula if his gut is having a bad day, Tim has enjoyed good health with few serious complications over the years.

Tim prides himself on blending in with his classmates and not calling a lot of attention to his health condition. In fact, when he wears the backpack that carries his EN formula to school, many of

Document 7-5

the other students and teachers have mistaken it for a Camelback®, which holds regular water. While Tim does keep a low profile about his health condition, the teachers and faculty at school are aware of it, and they are very accommodating when necessary. Tim has received an extra set of books for home just in case he is too sick to make it to school and needs to take a day or two off. Tim also takes the books with him on the rare occasion that he needs to be hospitalized.

In order to keep well hydrated during the day, Tim keeps plenty of water bottles in his "learning team's" office. He is also permitted to use a private bathroom at school if and when he needs to change his ostomy bag. While some kids in junior high school can be cruel to those who are different, Tim's friends at school are very accepting of his illness and they don't treat him any differently than they treat everybody else.

Go White Sox!

Tim's hobbies and interests are very diverse. In addition to playing the tuba, he also plays the bass guitar. Like most thirteen year olds,



Tim with Jana, a counselor at Double "H' Hole in the Woods camp.

Tim also loves playing Golden Tee, video games, and chatting with friends online. Tim has also recently joined an online fantasy baseball league.

Speaking of baseball, Tim is a fervent fan of the Chicago White Sox. He tries to go to one or two White Sox games per year at U.S. Cellular Field, and he especially enjoys attending Elvis Night, an annual event

where many fans go to the game dressed like Elvis Presley. Being one of the White Sox's biggest fans, Tim was thrilled when they won the World Series in October 2005. Lastly, Tim loves to play golf and go bowling. In fact, Tim's high game in bowling is an impressive 186!

Tim also has a philanthropic side. To raise money for kids to attend ostomy camp, he sells raffle tickets at the local ostomy association meetings. He also volunteers at Friends of Ostomates Worldwide (FOW), which provides ostomy supplies to ostomates in Third World countries.

Because Tim studies hard and applies himself during the school year, he welcomes the summer months to engage in some well-earned recreation and relaxation. Tim has enjoyed attending Double "H" Hole in the Woods camp, which is located just north of Saratoga Springs in upstate New York. This camp, along with the other Hole in the Wall Gang camps, is supported by the Newman Foundation. These camps provide children and teenagers who have long-term chronic illnesses the opportunity to take part in the overnight camp experience. During Double "H" Camp, Tim's favorite activities included going horseback riding, attending a carnival, arts and crafts, and an excursion to a local

Meet Tim Weaver, cont. pg. 15

Have Changes In Home Healthcare Left You Questioning What Path To Take?

- Customer Service?
- **Product Choices?**
- Personalized Care?
- Insurance Coverage?
- **Employee Consolidation?**



NutriThrive's mission is to optimize the nutritional well-being of our consumers

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For Twenty Years, Group Has Gathered for Support

"Our Oley support group has been a tremendous help to me in coping all these years," says June Bodden, who has been totally dependent on parenteral nutrition (PN) for twenty-three years. "The support of all my Oley friends has made all the difference in my life."

In March, June and twenty-six others celebrated the twentieth anniversary of the Oley–Tampa Bay support group. Friends, family, and members of the home health community gathered at the H. Lee Moffitt Cancer Center to share their personal histories and their friendships. Several nurses present told about caring for

people in the early days of homePN.

Personal Histories

June was diagnosed with, as she says, "what now is known as Crohn's disease" when she was fifteen. She experienced several years of flare-ups and surgeries. In 1984, "adhesions and gangrene required emergency surgery. The doctor tried me on enteral feedings, but I continued becoming dehydrated. Then, after six months, six hospitalizations, and five surgeries, a Hickman catheter was placed and TPN therapy began."

"A note arrived with my therapy supplies in November 1986," says June. "It was from Madalyn Goldfarb, a TPN patient. For the first time, I knew someone was out there doing TPN

like me! I phoned her immediately. She told me she had been doing infusions for nine years. Then she told me about the Oley Foundation. I had been on hydration and TPN without knowing a soul for two long, lonely years! Madalyn also had an ileostomy and Crohn's disease. We met in October 1987, when my mother and I went to see her."

For Nancy Backinger, "Crohn's disease began in 1968. I was thirty-eight years old." She continues, "I had seven resections due to Crohn's [in the 1970s and 1980s], and in May 1988, I had surgery for a major flare-up and was given a jejunostomy. In June 1988, a Broviac catheter was placed and TPN was started. I joined the Oley group in 1990." Nancy has had a series of infections, with the most recent hospitalization as recent as this February. But Nancy ends this chapter of the story with a smile and a determined, "This story will be continued!"

Diane Wagner was also diagnosed with Crohn's disease, and later with pseudo-obstruction. But, she says, "the Lord is good. Although I have had lots of physical challenges, the Lord has truly been good to me and carried me through all the way." She has been on and off parenteral and enteral nutrition since the spring of 1992, and currently is on neither therapy. "But I have lost my appetite (resulting in a big weight loss) over the last few months," she told the group. "The doctor is concerned about my nutritional status and I may need to go back on some sort of nutritional therapy."

"My name is Linda Stokes. I am sixty-one years old," says Linda, introducing herself to the group. "I have been battling Crohn's disease since my middle twenties. I was misdiagnosed for about five years before they decided it was Crohn's: nervous stomach, spastic colon, all in my head, etc. etc." When Linda was thirty-one, her doctor discovered a cyst on her ovary and she went to have it removed by laparoscopic surgery. "Unfortunately, I woke up in recovery eight hours later with

a complete hysterectomy and a section of my bowel removed. The Crohn's had destroyed my female organs during those years that I was in tremendous pain. That was the beginning of many hospitalizations for resection surgeries and to receive TPN to build myself back up." In 1986 Linda went on homePN.

"I am so fortunate," Linda says, "because I have only had three Hickman catheters (in only two sites) since 1986. I have never had a line infection and I am so grateful for that." "I don't let PN control my

life," she concludes, "but I know I have to get those thirteen hours every night so I just schedule my activities around this and do anything I want—no problem. I am just so thankful that the PN process can be done at home instead of in the hospital as it was years ago."

Portia Hutton attended the support group meeting with her husband, Wally. Portia is very succinct with her story: "I had a blood clot in March of 1999, so they removed all but about six inches of my small intestine and about half of my large intestine. I am on my third pump and for over two and a half years have been battling an infection of Mycobacterium fortuitum, which they have decided is systemic. I feed for fourteen hours, seven days a week."



From left: Meg Cass-Garcia, Linda Stokes, Nancy Backinger, June Bodden, Portia Hutton, Diane Wagner. Photo courtesy of Coram, Inc.

Encouragement, Friendship

Over the years, attendance at the support group meetings has ebbed and flowed. "Linda and I are the only remaining HPNers from our original meeting in 1988," says June. "Since then, others have come to our meetings and the encouragement and friendships have grown. Meg Cass-Garcia has been our dedicated medical advisor since day one. She also is our historian—she has every meeting notice and *LifelineLetter* for the entire twenty years!"

A special event at the meeting was the reunion of Nancy Davenport, now the branch manager of Coram in Tampa, and Nina, an exuberant nine year old. Nancy was one of the nurses who worked with Lesley Marino when Nina was an infant.

The group celebrated the twentieth anniversary with photo albums, display boards, banners, and balloons, and was pleased to receive Coram's Celebration of Life award from Coram representative Linda Gravenstein. June notes, "We were all disappointed that Joan Bishop [Oley's executive director] got the flu and was unable to join us. Joan, you were greatly missed! Everyone here recognizes the tremendous strength and support we have received from the Oley Foundation and its members. And we hope and pray it will continue for many more years."

"It has been a privilege and a pleasure to work with June and her group," Joan responded recently, "whether we are coordinating a response to someone in need, planning an event, or brainstorming ideas. It is courage and determination that serves as the backbone for all that June does and this translates into sheer energy and inspiration to everyone in her path. I cannot think of anything more rewarding than an opportunity to spend another twenty years standing behind June and her efforts!"

Thanks to the following for their generous support of this event: Meg and Margaret Carter from Moffitt; Coram; InfuScience; and Option Care. ¶

In the News

Book Explores Diet and Inflammatory Bowel Disease

Michael Medwar

When I was diagnosed with Crohn's disease, almost thirty years ago, patients were instructed to follow a low-roughage diet. This basically meant that almost any fruit or vegetable you could think of—and a few other items you wouldn't expect, like ketchup—should be avoided. More recently, knowledge about diet and its effect on the health of inflammatory bowel disease patients has expanded far beyond the relatively simple doctor's orders of the past.

To help give IBD sufferers direction in this philosophy, registered dietitian Tracie Dalessandro has penned What to Eat with IBD: A Comprehensive Nutrition and Recipe Guide for Crohn's Disease and Ulcerative Colitis. Tracie was diagnosed with ulcerative proctitis at nineteen; this progressed to ulcerative colitis and then to Crohn's by the time Tracie was thirty-one. Tracie's book is split into two parts. The first part looks at nutrition, food choices and healing, and the second contains more than fifty nutritional IBD-friendly recipes.

The Book

Tracie does a good job breaking down nutrition and the diseases into practical terms. She says having IBD (inflammatory bowel disease) is like having an open wound in your intestine and asks you to think about what makes sense to rub on these wounds. Choosing foods that soothe or heal the bowel, not irritate it, are the way to go.

She points out that the healthiest foods are not always suitable for IBD patients. Whole grain wheat bread may be great for the rest of the population, but for IBD (and irritable bowel syndrome, she adds) she doesn't recommend it. Tracie explains that whole wheat bread contains

insoluble fiber, which draws water into the GI tract, as opposed to soluble fiber (oats for example), which is beneficial because it absorbs water.

Tracie talks about choosing peeled fruits and well-cooked vegetables that won't cause pain and also add a high nutrition element. Cooked apples, bananas, cantaloupe, watermelon, butternut squash, carrots, and very-soft broccoli are among the items on her list of foods that heal.

But a good diet doesn't stop there. Tracie talks about all the major vitamins and minerals and other necessary supplements, the importance of each and the best sources to get them. She also explains why you should avoid high-fat meals that can be malabsorped and the importance of high-quality proteins, food safety, and planning your meals.

I haven't tried any of the recipes yet, but they look tasty and easy to prepare. The recipes cover snacks, to entrees to desserts.

Another Chapter?

The only topic in this book that Tracie could have focused on just a bit more is fluids. She does say that when diarrhea is present, at least ten glasses of fluid should be consumed per day. She says water is best, but when a person has severe electrolyte losses, "sports drinks diluted with water are acceptable." This could have been explained further, because, as I've heard at many Oley conferences, for people with short bowel, drinking water is counterproductive and rehydration fluids should be sipped throughout the day.

But overall, Tracie has written an informative, interesting book with useful recipes. It does a service to IBD sufferers and further reminds us how important diet and nutrition are in living with these diseases. ¶



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Homecare Section

NIH Study Scientific Paper Panel Greg Killmeier, Pharm. D., BCNSP

And to other **Nutrishare Board Certified Nutrition Clinicians** who assisted in this research.

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Regional News

Chicago, from pg. 1

In the morning, Darlene Kelly, MD, PhD, FACP, calmed the chatter in the room and introduced the speakers: Doug Seidner, MD, FACG, CNSP; Laura Matarese, PhD, RD, LDN, FADA, CNSD; and Lyn Howard, MB, FRCP, FACP. Dr. Seidner gave a comprehensive overview of different parenteral (PN) and enteral (EN) devices, while Dr. Ma-

tarese offered suggestions on how consumers could customize tube feeding to fit their lifestyles. As Dr. Matarese concluded, "It is important to be responsible, but you can also be flexible." Dr. Matarese's presentation is available online at www.oley.org (under "Tools for Better Living," "Tube Feeding Tips").

The final address of the morning session was "Hot

Topics in HPEN." Dr. Howard, Oley's Medical and Research Director, focused on new studies that show liver failure is rare in well-managed adults and children, as well as how fish oils may be safer than plant oils in pediatric PN solutions. Dr. Howard also explored the potential for standard trace element solutions

in PN to be toxic, and talked a little about the 2009 Clinical Nutrition Week Research Workshop, which will address the PN requirements for micronutrients (trace elements, vitamins, and small additives such as choline and carnitine).

Traffic at the exhibits was brisk through lunch, and then we broke into three roundtable sessions, where conference-goers had the opportunity for more personalized discussion on a variety of topics. Alan Buchman, MD, MSPH, FACN, FACP, FACG, AGAF, addressed the issues involved in reducing homePN dependency; those at the table of Jon Fryer, MD, discussed the issues involved in being evaluated for intestinal transplant; Dr. Matarese and those at her table shared some practical solutions for tube-feeding problems; and Timothy Sentongo, MD, gave considerable thought to questions posed on a number of pediatric issues.

This one-day conference was supported in part by the Daniel E. and Ada L. Rice Foundation. You can borrow a DVD of the conference free of charge from the Oley video/DVD library. (You can find information about this and other videos and DVDs available from Oley on the Oley Web site: www.oley.org/video_dvd.html.)

Clinical Nutrition Week

For several in the Oley community, the one-day conference was a brisk kickoff to a very busy week in Chicago: Clinical Nutrition Week (CNW), presented by the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.).

Clinical Nutrition Week brings together researchers and clinicians

in the field of homePEN from around the world, and offers exciting learning opportunities. Oley staff attended lectures and visited exhibits to gather information about the latest research pertaining to home PEN. Our goal was to seek the information that would be most useful to you, our Oley members.

Oley was also at CNW to share information with clinicians who provide care to people on IV and tube feeding. At A.S.P.E.N.'s invita-

> tion, Oley put together a panel that included Oley trustee and HPN consumer Sheila Messina, MA, RN; Oley Regional Coordinator Ann Weaver, an HPEN caregiver; Tim Weaver, an HPEN consumer; and Oley Executive Director Joan Bishop. Sheila, Ann, and Tim spoke from the heart about what it means to live with HPEN, and Joan gave an overview of Oley's programs. A DVD of this session is also available from the Oley video/DVD library.

> The Oley booth in the exhibit hall, sparkling with silver balloons and stars in honor of Oley's twenty-fifth anniver-

> > sary, was seldom quiet. Oley staff and volunteers, including Oley President Rick Davis, answered questions and passed out hundreds of informational brochures, posters, and Keep Me Safe bracelets. We couldn't have done it without the help of the volunteers, and offer many thanks to Terry Edwards, Kathleen



and Larry McInnes, Patricia Tabron, and Ann Weaver.

The Oley staff came back tired, but brimming with ideas from CNW, and, as always, inspired by the Oley members whom we met. ¶

First Conference, from pg. 4

the cap come off my line once while I was sleeping. During the first several months of my second pregnancy, we had no health insurance. Before the placement of my first line, my obstetrician really seemed to think that I could stop vomiting if I tried (his idea only planted counterproductive feelings of guilt and self-doubt).

It was a tough time for us. But it wasn't clear to me until last summer that it has been hard for me to let go of some of the difficulties from that time. I've had a lot of questions, but I never sought the answers. In fact, I think it's safe to say I avoided any answers. I was busy raising those kids, and I tried to never look back too deeply.

Taking the job with Oley and consequently attending the conference, learning about parenteral and enteral nutrition, and meeting others who have overcome similar—but so much more difficult circumstances has given me a lot of answers, as well as a welcome perspective on my own experience. I've learned that the events that marked my pregnancies were exceptional, and that they weren't. And I've learned to better understand gratitude, true gratitude for all the things that were done *right* that allowed my two wonderful children entry into this world. ¶

Heparin, from pg. 2

solution, which became a broader recall (once Baxter and the FDA determined that a more general recall would not result in shortages), has expanded to a recall by several manufacturers in several countries. On March 26, the *Wall Street Journal* reported that heparin linked to adverse events in Italy appears to have originated at a different API production plant in China. This producer supplies APP Pharmaceuticals, Inc., another large distributor of heparin in the United States. If API produced at another plant is found to be contaminated, it is possible that more heparin will be recalled.

It is significant to note, however, that the recalls issued thus far seem

to have served the desired purpose. In a press conference on March 14, Dr. Woodcock stated that since the recall, "we [the FDA] have not received a report of a death from this." She went on to say that, since the recall, "We are not seeing a cluster of events like we saw earlier." Dr. Woodcock urged that any adverse events be reported to the FDA's

As of late March, no adverse events were reported in association with heparin flush syringes.

MedWatch, with as much information and detail as possible (www.fda.gov/medwatch/report/hcp.htm or 800-FDA-1088).

FDA Protections

In its media briefing March 19, FDA representatives spoke of greater cooperation with Chinese authorities than existed a year ago, when the FDA sought to investigate the source of contaminated pet food. In December 2007, the United States and China signed a Memorandum of Agreement (MOA) designed to enhance the safety of drugs, excipients (inert substances used in drugs), and medical devices imported to the United States from China.

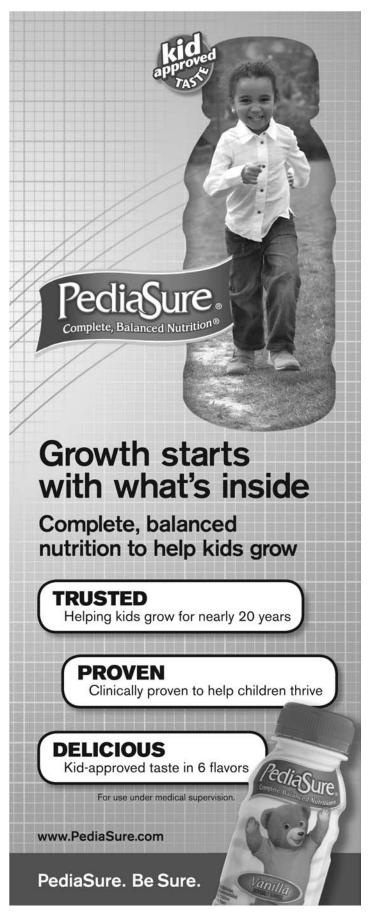
Provisions of the MOA include: a requirement that many Chinese drug producers register with the Chinese government; development of a joint U.S.-Chinese certification program for certain drugs exported to the United States; greater access for U.S. authorities to Chinese production facilities; establishment of a tracking system to protect against counterfeiting; and establishment of a system to ensure information sharing between the two governments.

In late March, the FDA took steps to ensure that imported heparin and heparin API will be tested using the newly developed tests, either by manufacturers themselves or by the FDA.

Summary

How does this affect you? It's important to note that as of late March, no adverse events were reported in association with heparin flush syringes, and most of the adverse events reported were linked to procedures that require larger doses of heparin. The recall of the prefilled syringes was issued as a precaution, since the products recalled might contain the contaminated API. The FDA advises that you do not use any of the recalled products; please consult your home care company to arrange for their return or disposal.

By the time you read this, the heparin recall might be old news. Or it might be front-page news. It's hard to say. But what does seem certain is that these recalls will generate further discussion about how we can best ensure the safety of products—including the medicines—we import. And that will have an impact on all of us. ¶





Seeking Auction Items

In the past, Oley's silent auction—held at the annual conference has raised thousands of dollars! Please consider donating something others will enjoy bidding on, even if you can't attend the conference. Your support means so much!

Need ideas? Items donated in recent years include items created by Oley members, such as quilts, photos, paintings, scarves, and afghans; electronics, such as MP3 players, radios, and televisions; gift certificates and baskets; certificates for travel opportunities, such as time-share units, vacation packages, and airfare; tickets to sporting events, concerts, and tourist attractions; DVDs and CDs, games, and toys. The possibilities are endless! We have an excellent letter available that describes Oley and the auction if you need help appealing to local vendors, businesses, friends, or family for donations. Call us and we'll send you copies.

Items can be brought to the Oley registration desk at the Marriott on Friday morning or mailed to the Marriott (San Diego Marriott Mission Valley, 8757 Rio San Diego Dr., San Diego, CA 92108) c/o Guest, Joan Bishop, to arrive on June 24 or 25. Please consider that many conference attendees will be traveling by plane, and may have limited space in their luggage. Small items and certificates are welcome!

Orphan Drug Act at 25

In celebration of the twenty-fifth anniversary of the Orphan Drug Act, on May 19, FDA, industry, and patient advocacy groups are coming together to discuss accomplishments, perspectives, globalization, and future challenges in the development of therapeutic drugs and devices for the treatment of rare diseases. This all-day meeting, sponsored by the Drug Information Association (DIA) in conjunction with FDA, will be held at the Capitol Hilton in Washington, D.C.

Current updates on the processes, procedures, and resources to enable the successful movement of products for rare diseases from research to approval will be discussed. This will include information on Orphan Drug Designation applications, Humanitarian Use Device designation applications, and Orphan Products Grant applications as well as other regulatory components. For more information, contact Jessica Kusma at 215-442-6182 or Jessica. kusma@diahome.org.

Oley 25 Years * Ago

Filed 06/24/2008

with John Balint, MD

As the Oley Foundation celebrates it twenty-fifth anniversary, we hope to speak to some of our early members and trustees. In this issue we share a couple of thoughts from John Balint, MD, Oley Trustee from 1982–1994, with responses from Oley staff in brackets.

Believe it or not, "in the early years, Dr. Howard and one of her patients traveled around the Northeast showing patients how to use the pumps, etc." Patients were very instrumental in the development of smaller pumps.

Dr. Balint tells of a patient who did not want to start on parenteral nutrition (PN). At that time, Dr. Balint had a kitchen available at the hospital and he made a deal with his patient: He would give the man two weeks to develop a diet he could tolerate, and if nothing worked, the man would try PN. When the two weeks were up, the man reluctantly agreed that PN was the best option.

On the Oley Foundation, Dr. Balint recalls, "we had some times when we wondered if this was a viable enterprise." [Indeed, in the mid-1990s Oley underwent a financial crisis, which, with donor support, it was able to weather.] But "I've been very impressed by how Oley has seemed to establish a donor base that has generated a sustaining income." [And Oley hopes to continue this trend as we develop an endowment.]

Dr. Balint referred to the foundation's early goals: research, patient education, and advocacy. [Although it may not be what was originally envisioned, Oley is actively developing a quality of life study and is very interested in current research; the Foundation does, however, presently lack dedicated funds to sponsor extensive research.] "Clearly," says Dr. Balint, "Oley has become established as an advocacy group. It does a great job at that. The conference is an interesting mix of fun and science."

Tysabri Linked to Liver Injury

In mid-January, the FDA issued regulatory approval for the use of the multiple sclerosis drug Tysabri (natalizumab) for the treatment of moderate to severe Crohn's disease on a limited basis. The drug was approved for use in patients with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional Crohn's disease therapies.

On February 27, however, the FDA notified healthcare professionals of reports of clinically significant liver injury, including markedly elevated serum hepatic enzymes and elevated total bilirubin, which occurred as early as six days after the first dose of Tysabri in some patients. According to the FDA, the combination of transaminase elevations and elevated bilirubin without evidence of obstruction is recognized as an important predictor of severe liver injury that may lead to death or the need for a liver transplant in some patients. Tysabri should be discontinued in patients with jaundice or other evidence of significant liver injury.

For more information on the FDA alert, check the links at http:// www.fda.gov/medwatch/safety/2008/safety08.htm#tysabri

For questions or concerns regarding Tysabri, contact your physician.

We'd Be Lost without You

Where would Oley be without you, our members? You are our reason for being! Please take a minute to renew your membership—to update your address or contact information if necessary, and to donate to help support Oley's programs if you can. The suggested donation for professionals is \$40 and for consumers and family members, \$20. An envelope is enclosed for your convenience.

And don't forget to take advantage of the many benefits your membership confers, whether it's requesting information from Oley's extensive information clearinghouse, accessing Oley's large network of volunteers, exchanging thoughts on Oley's new forum site, attending Oley's annual conference (where a wealth of information and networking opportunities galore are all available free to consumers and family members!), or something else. Visit www. oley.org to see what resources we have available. And don't forget, Oley staff and volunteers are only a phone call or e-mail away.

Manual Is Valuable Resource

The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) has done a great service in gathering materials from dozens of organizations and individuals recognized as leaders in their fields and publishing them in *The A.S.P.E.N. Nutrition Support Patient Education Manual*. The manual contains hundreds of documents (including Oley's complication charts) focused on homePEN and makes them available as handouts. To quote the preface, "The purpose of this manual is to provide clinicians with a compilation of some of the best patient education tools, all conveniently located in one place."

The book is divided into eight parts, a listing of which will give you an idea of its scope: parenteral nutrition; enteral nutrition; surgical procedures; medical conditions; pediatrics; Spanish-language materials; patient education resources; and clinical resources. This manual will be a welcome addition to many libraries.

Conference, from pg. 1

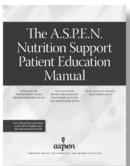
to Maximize Absorption, Intestinal Transplantation Update, Coping, Diarrhea as the Elephant in the Living Room, and Staying Hydrated.

These and other topics will be covered in lectures and breakout sessions, with many opportunities for audience participation. Of special interest to many will be the 2.5-hour workshop on Day 1 addressing the ins and outs of tube feedings, while a highlight for parents will be a session on Day 2 devoted exclusively to pediatric issues.

We are also planning many fun and relaxing social events for adults and kids. Don't miss this opportunity to share stories with people who truly understand your challenges and successes.

Have questions regarding rooms, sessions, traveling? Check out the registration packet in this newsletter. We also encourage you to visit www.oley.org for updates or contact Oley staff at 800-776-6539 or harrinc@mail.amc.edu. We look forward to seeing you there!

The A.S.P.E.N. Nutrition Support Patient Education Manual



A.S.P.E.N. has just published *The A.S.P.E.N.*Nutrition Support Patient Education Manual for healthcare professionals to assist their patients/consumers and

caregivers. The Patient Education Manual is a compilation of over 200 materials from many prestigious organizations and institutions. The book and CD allow the clinician to easily copy or printout patient education brochures to give to their patients. This book contains information on the following:

Parenteral Nutrition
Enteral Nutrition
Diets for Medical Conditions
Diets for Surgical Procedures
Pediatrics
Selected Procedures in Spanish
Reading Levels for These Materials

For more information and to see the Table of Contents and Patient Education Samples, go to www.nutritioncare.org or call A.S.P.E.N. at 1-800-727-4567

THE AMERICAN SOCIETY FOR PARENTERAL & ENTERAL NUTRITION

Contributor News

Individual Donors-Thank You!

The following list represents everyone who contributed between January 16 and March 19, 2008. We also want to thank all of those who are not listed below, yet have supported the Foundation by volunteering their time and talents.

Ambassadors (\$2,000+)

Abbott/Pediasure, Kyle R. Noble Scholarship Fund

President's Circle (\$1,000-\$1,999)

Leah & Steven Atkinson George Blackburn, MD, via United Way Rice Foundation, to support the Chicago Regional Conference

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Doug Scartelli, RD, CNSD, LDN Edith Schuler Darlene Vargo James & Susan Wachta

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Elizabeth Dieckhoff Noland Heiden Glen & Karen Hillen, in honor of Allison's 26th birthday and 1 yr anniversary of liver & bowel transplant Tina Kerrigan Hubert Maiden Ron & Lisa Metzger,*** in honor of Dr. Lyn Howard*** Lois Moran Network for Good Mary Probus David Timothy Kathleen Vadnais

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In Memory of Bruce Grefrath

The Women's Committee of Prince George's Chapter of the National Symphony Orchestra Francesca Rey Kathleen Schweitzer

In Memory of Tracy Phalen

Todd Friedman Scott & Melba Lightcap Erik Valenza

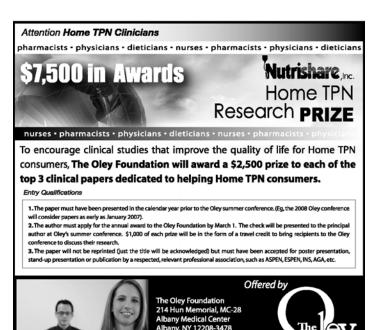
In Memory of Sally Roscoe

Carl & Julie Bellmyer Leslie Butler Barry & Jann Engleman Terri & Alan Goodsell Wayne Nancy & Kathleen Hadenfeld Jean Hammes Mr. & Mrs. L. J. Keeling Barbara** & Lee Klingler Martha & Larrie Mackie Richard & Harriett Real Bev & Bruce Swanson

*Oley Trustee

**Oley Regional Coordinator

***Oley Staff



Thanks Abbott Nutrition!

Richard and Donna Noble established the Kyle R. Noble Scholarship Fund in 2007 in memory of their beloved son Kyle. This lasting memorial supports an educational scholarship each year.

What no one envisioned was that upon receiving notification that Kyle's \$10,000 life insurance policy was "kicking off" this endeavor, someone at Abbott (a.k.a. Julie Fisk) went quietly to work on an



Kyle Richard Noble 11-10-98 to 12-29-06

initiative to match it! This generous gift of \$10,000 arrived recently, warming the hearts of the many who hold Kyle's memory close. Thank you Abbott Nutrition.

Contributor News

Thank You for Supporting Oley Programs!

Please join Oley in thanking our corporate donors. This issue we highlight:

Abbott Nutrition

Abbott Nutrition is a longtime leader in the U.S. nutritional marketplace, and strives "to be the worldwide leader in providing superior nutritional products that advance the quality of life for people of all ages." Abbott Nutrition manufactures and distributes medical nutritional products such as: PediaSure® Enteral Formulas, designed to provide a source of Complete, Balanced Nutrition® for children ages 1-13; Vital jr®., a semi-elemental formula for the nutritional needs of children ages 1-13 years; Jevity® 1.2 Cal, an isotonic, fiber-fortified tube-feeding product with the prebiotic NutraFlora® scFOS®, and the Embrace® ambulatory feeding pump.

Critical Care Systems

Critical Care Systems is a leading national specialty infusion company that provides comprehensive clinical services to pediatric and adult populations through a national footprint of Joint Commission accredited community-based branches. The company's Specialty Nutrition Support Program is supported by a team of dietitians, nurses, pharmacists, and reimbursement specialists who excel in parenteral nutrition, clinical support, and customer service. Whether their customers require short- or long-term therapy, Critical Care Systems provides flexible, individualized care adapted to the consumer's lifestyle.

Kimberly-Clark

Kimberly-Clark develops, manufactures, and markets the comprehensive line of MIC* feeding tubes, including the Kimberly-Clark* MIC-KEY* low-profile gastrostomy feeding tube (now available in 12 Fr size for pediatrics) and the Kimberly-Clark* MIC-KEY* low-profile transgastric jejunal feeding tube. The company is the maker of the first balloon gastrostomy feeding tube and is a leader in ongoing research, development, and customer support.

*Registered trademark or trademark of Kimberly-Clark Worldwide, Inc., or its affiliates.

Meet Tim Weaver, from pg. 7

amusement park. Tim was very impressed with how supportive and encouraging both his counselors and fellow campers were.

While Tim does not permit his illness to deter him from participating in the activities he enjoys, his movement can sometimes be restricted trying to bowl or play golf while being hooked up to his feeding pump and wearing a backpack. To get around this, Tim often opts to partake in these activities during the hours he isn't hooked up to his pump or he adjusts his feeding schedule.

When asked how the Oley Foundation has helped him over the years, Tim said that he has met some good friends at the Oley conferences, and he appreciates the opportunity to talk to other teens close to his own age who face similar health challenges. In between conferences, Tim keeps in touch with them by phone, e-mail, and chatting online.



Tim playing the tuba outside.

Lastly, when asked what advice he would give other kids and teenagers who are new to PN and/ or EN feedings, Tim replied, "Being on PN or enteral feedings isn't the end of the world." \P

Oley Corporate Partners

The following companies provide over one-half of the funds needed to support Oley programs. Corporate relationships also strengthen our educational and outreach efforts. We are grateful for their continued interest and strong commitment.

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PATRON LEVEL PARTNERS (\$5,000–\$9,999)

Critical Care Systems EMD Serono, Inc. Hospira, Inc. Option Care, Inc.

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Baxa Corporation Zevex, Inc.

Toll-Free Numbers Available to US and Canadian Consumers!

The Oley Foundation is able to offer its toll-free lines to consumers in the United States and Canada. Two toll-free numbers are circulated to experienced homePEN consumers on a monthly basis. The goal is to make speaking with fellow lifeliners more affordable, and to provide Oley's Regional Coordinators with a better grasp of their region's needs.

Advice given by volunteer coordinators represents the experience of that individual and should not imply endorsement by the Oley Foundation.

Due to the expense, a per-minute fee charged to Oley, we ask that you limit your conversations to 30 minutes.

The schedule of toll-free numbers and volunteer coordinators is updated in each LifelineLetter, and posted at www.oley.org. Comments? Call (800) 776-OLEY.

| 90, | Bruce & On Braly Davis, CA (888) 610-3008 PST | Bruce and On's son Matthew (now 19) has been on HPN since the age of nine. He has SBS due to malrotation of the gut and uses a CADD pump. They have traveled abroad with HPN and look forward to sharing their experiences with you. |
|----------|---|--|
| MAY '08 | Rick Davis Salt Lake City, UT (888) 650-3290 MST | Rick knows about tube feeding (HEN). He wants you to call. He is 63, cannot swallow, has been 100% dependent on HEN for 6 years, and is very active. He hikes and skis extensively. He and his wife also travel frequently and enjoy being retired. He looks forward to hearing from you. |
| 30, | Mary Friel Framingham, MA (888) 610-3008 EST | Mary has been on HPN for 15 years due to short bowel syndrome and Crohn's disease (37 years); she has attended six Oley conferences. Mary is active in community groups, travels with her HPN, and keeps busy with family and friends. Please call evenings 7–10 pm EST as Mary works during the day. |
| JUNE '08 | Sue Koprucki Williamsville, NY (888) 650-3290 EST | When Sue's daughter Emily was diagnosed with a form of pseudo-obstruction at birth and started on HPEN, Sue felt frightened, isolated, and frustrated. Connecting with families in similar situations helped her find what she needed to make life work for her family. Emily now has short bowel and an ostomy. Sue has experience with lines, ports, g-tubes, and ostomies, as well as working with schools. |
| ,08 | Chuck Lindley Burlington, NC (888) 610-3008 EST | Chuck is a hospital pharmacist and the father of Mason, who suffered an accident that left him HPEN dependent and with an ileostomy. Mason passed away in 2005, but his legacy continues through the Mason Lindley Miracle Foundation, which supports children and families facing medical challenges through music. |
| JULY '0 | Roseline Wu Livonia, MI (888) 650-3290 EST | A lifetime of abdominal problems and nearly twenty years of HPN have led Rose and her husband, Bill, to take each new day as a gift. Rose and Bill benefit from a strong family of lifeliners in their area and try to keep them connected. They have attended several Oley conferences and have traveled with HPN. Rose was the first recipient of the Lenore Heaphey Grassroots Education Award in 1994. |

LifelineLetter

The Oley Foundation 214 Hun Memorial Albany Medical Center, MC-28 Albany, NY 12208

NON-PROFIT ORG. U.S. POSTAGE **PAID** PERMIT NO. 687 ALBANY, N.Y.



Join Us in San Diego!

"After struggling for months with tube feeding and being depressed...I went to an Oley Conference where I learned things and met people that changed my life."

> - Rick Davis, on tube feeding since 2000.

Tube Talk

Thank you to everyone who sent material for the "Tube Talk" column. Anyone who is interested in participating can send their tips, questions and thoughts about tube feeding to: Tube Talk, c/o The Oley Foundation, 214 Hun Memorial MC-28, Albany Medi-Center, Albany, NY 12208; or E-mail PiekarC@mail.amc.edu.

Information shared in this column represents the experience of that individual and should not imply endorsement by the Oley Foundation. The Foundation strongly encourages readers to discuss any suggestions with their physician and/or wound care nurse before making any changes in their care.

Hello,

I have posted to the United Ostomy Association's bulletin board, but I also wanted to ask here - I have a Hollister g-j vertical tube support, which is going to overlap the wafer/ flange from the ileostomy pouch I'm going to start wearing when I have my ileostomy. Does anyone have any alternate suggestions for a g-j tube support that takes up less real estate? My g-j tube is just to the left of my belly button.

I also have a lot of granulation and seepage (bloody and otherwise). I put two layers of foam underneath the outer bumper, one my ostomy nurse said was made from seaweed (!) and the other is Lyofoam. Still I have to change my tube support every other day because of all the seepage (but at least I'm not bleeding through onto my clothes like I was before using the seaweed foam). Any suggestions for the seepage and blood? - Ellen Newman, ewn I@psulias.psu.edu



In Loving Memory of Gayle Winneberger

Thoughts by Katherine Cotter

Document 7-6

Oley Member Gayle Winneberger was a family-oriented gardener and golfer who loved to travel and explore the world. She lived in Santa Fe, New Mexico but also had a condo on a golf course on Lake St. Marcus in California, which she visited frequently. She had a large family including her husband, two sons, two stepdaughters, two stepsons, eight grandchildren and five siblings.

Gayle loved her elderly poodle Chili and her three cats. She also enjoyed studying birds at her numerous birdfeeders and was an accomplished gardener. In fact, she owned her own greenhouse and grew beautiful orchids. She collected angels and was a huge fan of holiday celebrations. She also loved music and played the organ and sang in musicals at thee Santa Fe Arts Institute. She enjoyed playing bridge with friends in her spare time as well.

The Oley Foundation provided Gayle with hope for the future. In fact, Regional Coordinator Katherine Cotter served as Gayle's friend for over 15 years and mentored her because Katherine had undergone major stomach surgery Gayle needed. "We served as a link for each other; we were very supportive of one another," said Katherine.

Gayle passed away on Wednesday, September 22nd at her home in Santa Fe just after her 61st birthday.

Letters to the Editor...

My son Trever is hooked up to a feeding tube 16 hours a day. The IV pole that holds the pump is very cumbersome and limits his activity. Insurance won't pay for a portable pump unless he needs it full-time (24 hours/day). Does anyone else have this problem? Trever, who is hooked up at night and part of the day, can eat by mouth but chooses not to. The doctor told me not to worry and that Trever is getting proper nutrition. Has anyone had similar experiences? I never thought I could deal with it if my child had to be hooked up to tubes and machines; now he is. Trever has had a feeding tube for eight months now due to failure to thrive from chronic renal failure.

I still think this is temporary, but the doctor said he may need it for years, even until a kidney transplant. Proper nutrition has helped Trever grow and stay healthy and now he's a happy two year-old.

I would like to talk to other parents with children who have feeding tubes and see how they deal with it. My phone number is (616) 355-7014. -Laura Sheppard

One question I would ask my fellow patients would be how do I go about finding a new carrying bag for my TPN? The one I have is very old, smells awful, and the clip no longer holds the TPN bag securely in place. The one that my home care company sent me (the only kind they have) is heavy and awkward! I'm sure some Oley members would be happy to share information about how they solved this dilemma. It would be great for parents helping them to not feel so alone. I think such a service would also help people new to HPEN, as they could see that hey, people are dealing with life on TPN and it's not so bad!

-Davria Cohen, cohennet@netscape.com

Oley News

Volunteers Needed for Upcoming Meetings

Several exciting conferences are being planned that offer an opportunity to learn more about homePEN techniques and products. They are also a great place to help spread the word about the Oley Foundation. If you are interested in helping out at Oley's booth, please contact Joan Bishop at BishopJ@mail.amc.edu or (800) 776-OLEY for more information. More information about the conferences is available from the sponsoring organizations' websites.

• Association of Vascular Access (AVA, formerly NAVAN)

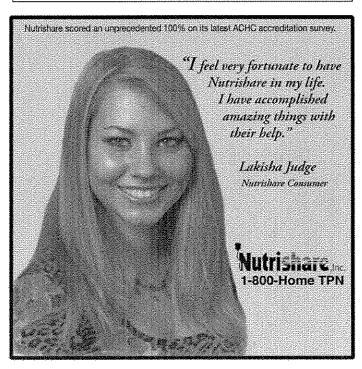
18th Annual Conference September 18-21, 2004 Vancouver, British Columbia www.avainfo.org or (888) 576-2826

American Society for Parenteral & Enteral Nutrition (ASPEN)

Nutrition Week 2005 January 30 to February 2, 2005 Orlando, Florida www.nutritionweek.org

• National Home Infusion Association (NHIA)

NHIA 14th Annual Conference & Exposition February 10-13, 2005 New Orleans, Lousiana www.nhianet.org



Oley Welcomes a New Editor

After 10 years as Oley's Director of Publications & Information, I will be passing the torch to Cory Piekarski this July. Cory has a bachelor's degree in English and a master's degree in educational psychology, and has been managing educational programs for New York State employ-

ees. She is enthusiastic about taking on the *LifelineLetter* and looks forward to working with homePEN consumers and clinicians. Please give her a warm welcome.

Before I leave Oley, I wish to thank everyone who has helped me. I have learned a great deal during my tenure, witnessing the strength of the human spirit and the joy that comes from living each day to its fullest. I value everyone's contributions



Cory Piekarski with her terriers, Delilah and Ren

to the newsletter, and treasure the many warm friendships I have made. There are too many people to thank individually, but I would like to acknowlege a few friends for helping me to better understand Home-PEN and the courageous people who live with it: Lyn Howard, Don Young, Woody Freese, Robin Lang, Malisa Matheny, Liz Tucker, Pat Brown and the Oley staff. I have enjoyed my time at the Foundation, wish Cory the best of luck and will miss you all.

- Roslyn Scheib Dahl

Web Site Offers Information About Free Prescriptions

Cory Piekarski

NeedyMeds.com (www.needymeds.com) is a website designed to provide information about patient assistance programs (PAPs) which provide no-cost prescription medications to eligible participants. The site also offers information about discount prescription card programs, state programs and Medicaid sites. NeedyMeds does not offer programs itself, nor does it supply medications or financial assistance; and they don't have information about over-the-counter medications and supplies.

The first step is to determine whether or not your medication is included in one of these PAPs. If you are unable to locate your medication on the generic or name-brand list on the website, it is probably not available through a PAP. If you do find your medication listed, click on it to see what, if any, guidelines are listed to apply for a PAP than follow the directions specified. Some companies are listed on the site that do not offer a program. These companies are included so you don't waste your time contacting them. Visit the Frequently Asked Questions page on the website for more information.

Please note: The information provided on NeedyMeds.com is designed to support, not replace, the relationship between patient/site visitor and his/her existing physician.

Regional News

Support Meetings in Idaho

Oley Regional Coordinators Linda Wyatt and Heidi Forney are organizing a support group in the Boise/Southwestern Idaho area. caregivers and family members

HomePEN consumers, from anywhere in the are welcome to particiheld the second month at 7:00 p.m. Room (lower level, south side) of St. Medical Center, I-84 and

pate. Meetings will be Wednesday of every in the Cheyenne use elevators on Luke's Meridan Eagle Road.

state or surrounding states

Meridan, Idaho. If you have any questions, concerns or just want to talk, please call either coordinator: Linda Wyatt (208) 922-1797 after 7 p.m. MST, Heidi Forney (208) 584-3708.

Join Oley in Spokane

On October 26th, 2002 the Oley Foundation will host a Consumer/ Clinician Regional Nutrition Support Workshop in beautiful Spokane, Washington. The program is free to all consumers and their families/caregivers; clinicians are welcome as well.

The one-day event will run from 9:00 a.m. to 4:30 p.m., and will cover a variety of topics, catheter care. understanding management, included, and tives will display new

such as enteral issues. coping with home PEN, lab results, pain and others. Lunch is industry representatechnologies and products.

Consumers, come meet folks like yourself! Parents, this is a great way to network with other parents facing the same challenges you are. Clinicians, join us and leave with the resources to offer patients truly holistic care. (Continuing education credits will be available for some disciplines.) For more information on the conference, call (800)776-6539/(518)262-5079; visit www.oley.org; or email the conference coordinator, Ellie Wilson, RD, at wilsone@mail.amc.edu.

Realtor Donates Profits to Oley

Susan Noble, a real estate agent with HER Realtors in central Ohio, and aunt to HPN consumer Kyle Noble, has generously offered to donate 5% of her net commissions to the Oley Foundation and The Stefanie Spielman fund for Breast Cancer Research.

Although she is an agent in central Ohio, she can generate donations from home buyers and sellers across the country, through her company's referral network. Here's how it works: if you are looking for a realtor to buy or sell a home anywhere in the U.S., and you call Susan first, she will connect you with her referral department; they, in turn, will put you in touch with some agents in your area to interview. If you choose one of these realtors referred to you, Susan receives a 20% referral fee, 5% of which she would donate to the Oley Foundation. For more information, contact Susan at voice mail: 614-734-7888; home phone: 614-793-9229;cell.ph.:614-619-4245;email:susan.noble@herrealtors.com; or visit her website at: www.herrealtors.com/susan.noble.

Oley to Co-Sponsor Nutrition Week 2003

Olé for Oley! Mark your calendar! Nutrition Week 2003 will take place January 18-22, 2003 in San Antonio, Texas. Developed by non-profit, scientific, educational and research-oriented nutrition associations and societies, Nutrition Week features a comprehensive educational and scientific program focusing on the latest research,

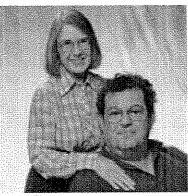
clinical practice and technological advances in clinical nutrition.

Always an exciting event, this year the Oley Foundation is a sponsoring organization! We are tapping into the nation's best and brightest in the nutrition support world, and offering an Oley Foundation Regional Nutrition Support Workshop on Saturday, January 18th, in the San Antonio Convention Center from 9 a.m. to 5 p.m. Consumers attending the workshop Saturday will receive special passes to tour the Exhibit Hall on Sunday, seeing the latest in product and technology innovations.

We are also in need of volunteers to staff the Oley booth at various times throughout the week. Booth volunteers will assist us in spreading the word about Oley in the Exhibit hall, and can attend the clinical programs free of charge.

We are currently finalizing faculty and arranging for group hotel rates in San Antonio — watch the Oley and ASPEN websites for updates and registration information. The Oley Program is free, as are the Sunday Exhibit Hall passes, but non-booth volunteers would be required to pay to attend the clinical programs. This is going to be terrific program! For more information about attending or volunteering, contact the Oley Foundation office or email Ellie Wilson, RD, Outreach Director at wilsone@mail.amc.edu.

> "Being part of the Nutrishare family has helped enrich my life on TPN." Lee & Marshall Koonin - Highland, Maryland



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> - David and Ellen Seiz **HPN Consumers**

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1-888-N-THRIVE (888-684-7483) or info@nutrithrive.com www.nutrithrive.com



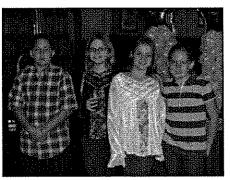
Teenager, from pg. 1

Appearances can be deceiving, though. In Aleah's case, they don't even come close to revealing the truth about the inner workings of her lean, lithe body, which have challenged her from the minute she was born on August 9, 1994.

Short Bowel at Birth

During Tara Smith's pregnancy with her firstborn child, nothing hinted at anything amiss until a routine ultrasound at twenty-nine weeks gestation showed a bowel obstruction in tiny Aleah. Tara and her husband, Kevin, who were living in Fairfield, California, at the time, wouldn't know the extent of Aleah's health issues until she was born, five weeks early. Aleah underwent her first surgery when she was only fourteen hours old. Surgeons removed a cyst from Aleah's left abdomen and discovered that she had only 25 cm. of small intestine. The diagnosis: short bowel syndrome.

Over the next three weeks, it became evident that Aleah's stomach was not emptying at all. She vomited everything she was fed. It was then that the enormity of her condition began to sink in, as specialists laid out for the worried parents two stark options: Aleah could be PN-dependent all of her life, or doctors



Aleah (second from left) at school with her sister and friends.

could undertake an extensive (and very risky) surgery to attempt to resect her GI tract. Doctors were unsure if the surgery would be successful and tried to prepare Tara and Kevin for the worst. They had to face the possibility of losing their little daughter only four months after Tara had lost her father to a motorcycle accident.

Defying Odds

Aleah survived the surgery and began a long journey of defying most of the medical odds and predictions that had been laid before her parents. In thirteen years, she has endured fourteen surgeries and so many hospitalizations that her mother can't remember them all without consulting the thick volumes of medical records and notes she's meticulously accumulated since 1994.

Today, there are no remaining visual clues to suggest that Aleah was once a very sick child who endured many hardships and much pain before reaching this seventh-grade school year, described by Aleah as her "best ever." She has been off PN feedings since the year 2000 and had her g-tube removed and stoma closed in 2005.

Early School Challenges

Things were much harder in the past. Aleah describes how she moved to her current home in Pittsboro, Indiana, with her parents and younger twin sisters, Sky and Keely, in 2001, just before she started first grade. "I was new at school. Kids stared at me and the backpack I wore [which contained her feeding pump]. My pump would start alarming right in the middle of class. It was very embarrassing."

Member Profile

Spotlight on Sharon Rose

Robin Lang

Bravery doesn't always take guts! When you think about pioneers, what images come to mind? The pilgrims heading west, astronauts going "where no man has gone before," Louis Pasteur or Madam Cure. When you think about the modern day pioneers names such as Doctors Shils, Bozian, Jeejeebhoy and the like come to mind. Their research led to the invention of home parenteral nutrition.

As inventive as they were, nothing could have been achieved if there hadn't been brave patients willing to try this new therapy. Think about the courage it took to try something so new and unproven. The lucky ones not only survived, but thrived.

One such woman is Sharon Rose from Nashville, Tennessee. She has been on TPN for 35 years but doesn't think of herself as a brave pioneer.

In the Beginning

Sharon's intestines were removed because of a blood clot to an artery supplying blood to her gut. She endured primitive methods of TPN delivery, stints, "cut downs" and long hospitalizations. "During those hard, early years...I survived because of one man, my doctor, Richard Bozian," she explained. "He was a maverick and we learned together. He fought the medical board to allow me to go home."

After two years in the hospital, Sharon had had enough. She felt she had learned all she needed to know about her care. She juggled glass bottles, needles, syringes, ampoules and additives every night for years prior to the advent of pre-mixed solutions. Thirty years ago there were no flexible catheters, specialized pumps or plastic TPN bags. As the medical professionals worked to perfect this new therapy, Sharon endured numerous trials, procedures and errors along the way. Sharon and the other original patients were the pioneers helping to determine the improvements that were necessary for the safe administration and maintenance of TPN.

Life Goes On

Sharon goes about her life in a quiet, humble manner. Asked her recipe for success; she says, "Don't live your illness. It's all in your outlook; you have to have a positive mindset."

The biggest joy in her life came nineteen years ago when, while managing her home, a job and being on TPN, she gave birth to twin boys, Adam and Brent. While working fulltime as a nurse in the critical care and hemodialysis unit for many years has been difficult,



Sharon Rose, RN

Sharon says it gives her a great deal of satisfaction knowing she is helping others. She also enjoys sewing and gardening. Her strength, endurance and time management skills are impressive. She also credits support from her husband, George, and her children for the good life she has today.

Being a rather private person, Sharon was apprehensive about giving this interview, and is embarrassed to be considered an inspiration, but if it helps someone else she is happy to share her experience. She wants everyone to know that a long life on TPN is possible, and that the ups outweigh the downs.

Sharon is hoping to join us at Oley's 2006 conference in Salt Lake City. Keep an eye out so you can meet this delightful woman.



Member Profile

New Tube or Catheter?

If you are getting a new tube or catheter placed, ask the surgeon or radiologist to give you the product papers/packaging that come with it. These papers should tell you the exact name of the product, the manufacturer and specifications (like size, material composition, etc.) that may come in handy down the road if you have a problem with the device. Keep the papers with your other medical files for easy future reference.

Similarly, it is a good idea to keep a label from your formula can or cleaned EN/TPN bag, and bring it with you to office visits and hospital admissions. The label has the most up to date information on the composition of your formula/solution. This information may not be readily available otherwise, and is needed by your physician to make adjustments that could be critical to your well being.

Insurance, from pg. 4

that time, you need them. If you do so, when you get your next denial, you will be ready to go forward with your appeal, armed with information and educated about how to present it.

Jennifer C. Jaffis an attorney in Hartford, CT who is the Executive Director of Advocacy for Patients with Chronic Illness, Inc. She has written Know Your Rights: A Handbook for Patients with Chronic Illness, available for purchase at www.advocacyforpatients.org. Reprinted with permission from Association of Gastrointestinal Motility Disorders' (AGMD) Digestive Motility Forum Volume I, Number Two - November 2005.

Travel Scholarship Honors Melissa Chaney

Victor R. Chaney

I am the husband of Melissa Chaney, a TPN consumer and Oley contributor. Melissa passed away from natural causes on January 30, 2006. For more than nine years, Melissa battled Pseudo-Obstruction, Polymyocitis, and Mitochondrial Myopath-Transport Chain Deficiency. Overthose years there were many drastic ups-and-downs.



Melissa Chaney

In the summer of 2003, Melissa learned of the Oley Foundation, and the network of

support and outreach that they specialize in. At that time Melissa's healthcare management was less than adequate. Her weight was in a downfall, she was 5'1" and she averaged around 75 lbs. The change in her healthcare and overall quality of life was amazing. We credited the education and contacts she acquired at that first Annual Conference as the turning point in her health.

Melissa's wishes in life were that any memorial donations given after her passing would be directed to Oley. In keeping with those wishes, we are establishing a travel scholarship to the annual Oley conference in her honor, so that others may have the opportunity she had in attending. For more information on applying for the Melissa Chaney Scholarship, contact Oley (800/776-OLEY; harrinc@mail.amc.edu) or visit the website at www.oley.org.



Oley News

Support Service at Rhode Island Hospital in Providence. She also serves on the professional advisory committee and as a home care nutrition consultant for Clinical IV Network (CIVN) in Pawtucket, Rhode Island. Part of her professional responsibility at CIVN is to provide nutritional assessment of and moni-

tor individuals receiving homePEN.

Marion also holds the position of Senior Clinical Teaching Associate of Surgery at the Warren Alpert School of Medicine of Brown University and is a PhD candidate at the University of Medicine and Dentistry of New Jersey. Her doctoral dissertation and research interests focus on quality of life for individuals dependent on home parenteral nutrition. She has written numerous journal articles and book chapters on the topic.



Document 7-6

Marion F. Winkler, MS, RD, LDN, CNSD

Marion is the immediate past president of

the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) and serves on the board of the A.S.P.E.N. Rhoads Research Foundation. She is a former chair of the Dietitians in Nutrition Support practice group of the American Dietetic Association. §

HPN Research Prize

The Oley Foundation is pleased to announce the Nutrishare HomeTPN Research Prize. Sponsored by Nutrishare, Inc., the prize has been established to encourage clinical studies focused on improving the quality of life for homePN consumers. Each year at the annual conference, the Oley Foundation will present a \$2,500 prize to each of the top three clinical papers dedicated to helping homePN consumers. For details, please call the Oley office at (518) 262-5079 or visit www.oley.org.

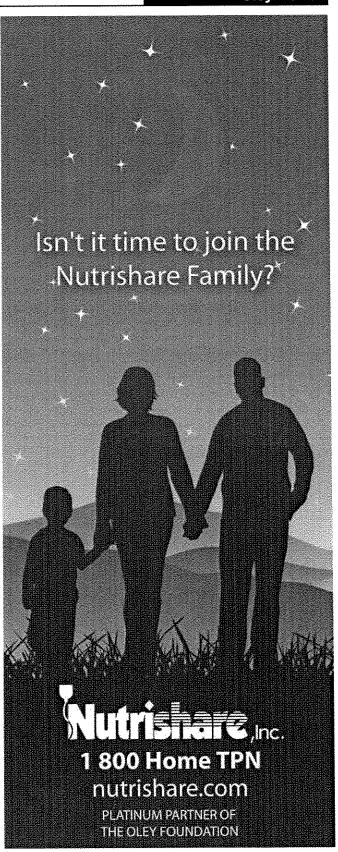
Conference, from pg. 1

Thursday evening the silent auction was lively-with "silent" referring only to the bidding. The donation of numerous items for the auction and generous bidding resulted in over \$3,700 to go toward Oley programs.

The youth had opportunities to gather at several points during the conference: for the annual Jammin' Jammies pajama party, for the youth activities, and for a teen roundtable session titled "Teens and Transitioning." There was a huge turnout of youth this year!

A new addition to the program was a town meeting held Friday night. It was a great way of facilitating dialogue within the Oley community. Attendees made several suggestions that hopefully will take root at Oley as the year progresses. Saturday morning featured a walk through Hyannis—another fund-raising success story—and a picnic at the village green, complete with rock painting (thanks, Sheila!) and a relay race (who was that woman who took our team's suitcase?).

Overall, the conference was noteworthy for the wonderful sense of camaraderie, and lovely scenes of old friends gathering and new friends meeting, as well as the tremendous wealth of information available from a variety of sources—from presenters to exhibitors to other attendees, both consumers and clinicians. It was my first Oley conference, and having been once, I'll eagerly await my second. §



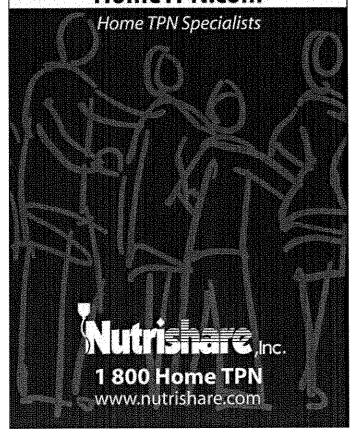
Document 7-6

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Looking Back, Moving Forward

The Town Meeting at the Oley Annual Conference in Hyannis in June 2007 provided Oley staff and trustees with an opportunity to outline our state of affairs and to engage members in a discussion to help us plan for the future. Not knowing what to expect, we reserved a medium-sized room and ordered food for a medium-sized crowd. Much to our surprise, we filled a huge room, and subsequently ordered much more food. The energy flowed!

Rick Davis, Oley President, described our financial situation as

outstanding, thanked everyone for their contributions, and acknowledged staff for hosting and faculty for participating in a most informative and wellorganized conference. Darlene Kelly was recognized for years of service as an Oley trustee as she stepped down, and Marion Winkler, Cheryl Thompson, and Gail Sansivero were welcomed as new trustees. Then we began the discussion.



Rick Davis hands Darlene Kelly a plaque to recognize her efforts.

Ideas Into Action

Based on a lively afternoon

conference session coordinated for young adults transitioning to independence, we received a request to establish an online forum to provide Oley members—particularly teens—with an opportunity to communicate with one another. It was also suggested that Oley consider allowing the young adults representation on the Oley board of trustees.

Update: Watch for the launching of forums on www.oley.org soon. Register, observe, and participate! The forums are for everyone. Young adult representation on the board is being considered.

The topic of reaching others in your community was approached. "What can we bring to our local hospitals?" "How can I introduce Oley to my physician?" And "are there materials prepared specifically to pass along to others?" were a few of the questions asked of Oley staff. Traditionally, such requests have been handled on a one-by-one basis.

Update: We have developed packets, complete with letters to clinicians that have been endorsed by Oley trustees to legitimize the introduction, for the purpose of connecting consumers to Oley services. We are in need of YOUR help to get the word out! Contact Kate at (800) 776-6539 or swensek@mail.amc.edu to order a supply of informational materials—or pass along names and addresses of your clinicians and we'll mail packets from the Oley office.

The important role of the "official" Oley volunteer was outlined and a call for anyone who was interested in serving as an Oley Regional Coordinator (RC) was announced.

Update: Joan Medwar in Sharon, Massachusetts, and Norman Benway in Toledo, Ohio, have recently joined the ranks of Oley RCs, and several more people have expressed interest. Consumers or family members who are interested in learning more about serving in this capacity are invited to contact Kate (contacting information above; also see "New Ohio Regional Coordinator," page 5). ¶

Oley News

NutriThrive Home Parenteral and Enteral **Nutrition**

Case 3:08-cv-01493-JM-BLM



NutriThrive's program is built on our goals to provide cost-effective care, positive clinical outcomes and improve quality of life for the home nutrition support patient.



FOR MORE INFORMATION CONTACT US AT: 1-888-N-THRIVE (888-684-7483) or info@nutrithrive.com



www.nutrithrive.com

Oley Board, from pg. 1

for the New York State Department of Environmental Conservation from 1988 to 2001, when she retired early due to health issues. Prior to that, Ann worked in private practice in both Clifton Park and Or-



Ann Hill DeBarbieri

ange County, New York, with a few years in between representing Orange County Social Services in family court proceedings.

Annwas first introduced to Oley through an Oley conference near her home in the late 1980s. Through Oley, Ann has found opportunities to share experiences and information with others who live with homePEN; she considers these opportunities educational, comforting, amusing, and life affirming. She is committed to

continued support of the Oley Foundation, as she has seen firsthand the difference Oley can make in the lives of consumers who can otherwise feel a desperate sense of isolation. (See Anne's article page 1.)

Gail Egan Sansivero, MS, ANP, is a nurse practitioner in interventional radiology at Albany Medical Center in Albany, New York. Gail

is responsible for coordinating clinical care for patients requiring vascular access devices and feeding tubes. She works closely with clinical nutrition staff, patients and their families, and home care agencies.

Gail has administrative experience as a national committee chairperson for both the Association for Vascular Access (AVA) and the Oncology Nursing Society. She has also served as president of AVA. She currently (2007) serves on two committees for the Society of Interventional Radiology. Gail has experience with organizational



Gail Egan Sansivero MS. ANP

restructuring, educational programming, and strategic planning. In 2007, Cheryl W. Thompson, PhD, RD, CNSD, is serving as the principal investigator on a National Institutes of Health grant project, the goal of which is to educate clinicians on safe and ef-

Cheryl W. Thompson, PhD. RD. CNSD

fective delivery of enteral nutrition. It is her belief that educating both clinicians and consumers about homePEN will help enhance consumers' lives.

Cheryl has had valuable experience working in elected positions and on committees with several nonprofits, including Dietitians in Nutrition Support and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). She has a doctorate in Health Promotion and Education, which has enabled her to promote cost-effective

educational resources, such as Web-based instruction.

Marion F. Winkler, MS, RD, LDN, CNSD, has over twentyfive years experience in nutrition support, practicing in both acute and home care settings. Since 1985 she has worked as the Surgical Nutrition Specialist in the Department of Surgery and Nutritional

Regional News

New Ohio Regional Coordinator

We are excited to introduce you to Oley's newest Regional Coordinator volunteer, Norman Benway. Norman was born and raised in Toledo, Ohio, where he now lives with his wife, Maryanne. Norman and Maryanne have three children and three grandchildren.

Norman first showed symptoms of what would later be diagnosed as an esophageal motility disorder in late 2004. By 2006, Norman was hospitalized; weighing only 93 pounds, he was soon introduced to the world of tube feeding. He underwent many tests, swallowing studies, and therapies, but ultimately returned home unable to eat or drink and

entirely dependent on his new PEG tube for nutrition.

With the help of a trusted dietitian, Norman has been able to adapt to his new lifestyle. He's gaining weight back and is currently working two jobs! For thirty years before all of this, Norman worked as the custodial supervisor for Lucas County; he also has experience working in an assisted living facility.

Norman is determined to help himself and other people who are dependent on nutrition



Norman Benway with grandson Adam Charles Benway

support. He is extremely motivated and plans to establish a support group. Please contact Norman if you live in the Toledo area and want to be involved in the support group, or if you just want to talk. Norman can be reached at (419) 531-4427.

Becoming an RC

Do you, like Norman, wish Oley had a bigger presence in your area? Would you like to be able to attend a homePEN support group? You can make it happen. Call Kate Swensen at (800) 776-6539, or e-mail her at Swensek@mail.amc.edu, to learn more about the Oley Foundation Regional Coordinator program. As a Regional Coordinator, you can also support homePEN consumers and families just by picking up the phone or shooting out a quick e-mail! We'll work with you to establish professional connections and to develop support groups or educational meetings. If you'd like to talk to other Regional Coordinators before making up your mind, check out their Web page, www. oley.org/volunteers.html, for photographs, biographies, and contact information. Make 2008 YOUR year to help Oley help others!

On the Move, from pg. 4

Pennsylvania

Gordon L. Jensen, MD, PhD, has relocated to Pennsylvania State University, where he is a professor of medicine and nutritional sciences and head of the Department of Nutritional Sciences. Dr. Jensen has also initiated a malnutrition clinic in State College at Centre Medical and Surgical Associates affiliated with the Mount Nittany Medical Center. He is taking referrals for patients with nutrition support related concerns, including malnutrition, tube feeding, and parenteral nutrition. To contact Dr. Jensen go to www.centremedsurg.com or call (814) 234-8800. \$

Have Changes In Home Healthcare Left You Questioning What Path To Take?

- Customer Service?
 - Product Choices?
- Personalized Care?
- Insurance Coverage?
- Employee Consolidation?



NutriThrive's mission is to optimize the nutritional well-being of our consumers

- G Customized Products and Equipment
- Reimbursement Expertise
- Olinical Excellence
- Consumer Advocate
- Oley Gold Medallion Sponsor

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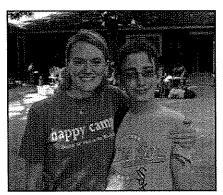
Member Profile

the other students and teachers have mistaken it for a Camelback®, which holds regular water. While Tim does keep a low profile about his health condition, the teachers and faculty at school are aware of it, and they are very accommodating when necessary. Tim has received an extra set of books for home just in case he is too sick to make it to school and needs to take a day or two off. Tim also takes the books with him on the rare occasion that he needs to be hospitalized.

In order to keep well hydrated during the day, Tim keeps plenty of water bottles in his "learning team's" office. He is also permitted to use a private bathroom at school if and when he needs to change his ostomy bag. While some kids in junior high school can be cruel to those who are different, Tim's friends at school are very accepting of his illness and they don't treat him any differently than they treat everybody else.

Go White Sox!

Tim's hobbies and interests are very diverse. In addition to playing the tuba, he also plays the bass guitar. Like most thirteen year olds,



Tim with Jana, a counselor at Double "H" Hole in the Woods camp.

Tim also loves playing Golden Tee, video games, and chatting with friends online. Tim has also recently joined an online fantasy baseball league.

Speaking of baseball, Tim is a fervent fan of the Chicago White Sox. He tries to go to one or two White Sox games per year at U.S. Cellular Field, and he especially enjoys attending Elvis Night, an annual event

where many fans go to the game dressed like Elvis Presley. Being one of the White Sox's biggest fans, Tim was thrilled when they won the World Series in October 2005. Lastly, Tim loves to play golf and go bowling. In fact, Tim's high game in bowling is an impressive 186!

Tim also has a philanthropic side. To raise money for kids to attend ostomy camp, he sells raffle tickets at the local ostomy association meetings. He also volunteers at Friends of Ostomates Worldwide (FOW), which provides ostomy supplies to ostomates in Third World countries.

Because Tim studies hard and applies himself during the school year, he welcomes the summer months to engage in some well-earned recreation and relaxation. Tim has enjoyed attending Double "H" Hole in the Woods camp, which is located just north of Saratoga Springs in upstate New York. This camp, along with the other Hole in the Wall Gang camps, is supported by the Newman Foundation. These camps provide children and teenagers who have long-term chronic illnesses the opportunity to take part in the overnight camp experience. During Double "H" Camp, Tim's favorite activities included going horseback riding, attending a carnival, arts and crafts, and an excursion to a local

Meet Tim Weaver, cont. pg. 15

Have Changes In Home Healthcare Left You Questioning What Path To Take?

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- Customized Products and Equipment
- Reimbursement Expertise
- **%** Clinical Excellence
- Consumer Advocate
- ★ Oley Gold Medallion Sponsor

Interested in joining our NutriThrive team... we're looking for Consumer Consultants in many areas of the country. Contact Deb Pfister at dpfister@nutrithrive.com or at 1-888-N-THRIVE.

1-888-N-THRIVE (888-684-7483) or info@nutrithrive.com www.nutrithrive.com



Regional News

HPN Centers of Experience

Because of the complicated nature of home parenteral nutrition (HPN), the potential for serious complications is always a concern. This column is meant to highlight institutions that specialize in caring for HPN consumers. At least one study has shown that consumers who are treated by programs specializing in HPN have better outcomes. Oley does not endorse any center but brings this to our consumers strictly as an informational tool. For a listing of other experienced centers visit www.oley.org.

Center for Advanced Intestinal Rehabilitation Children's Hospital, Boston

The Center for Advanced Intestinal Rehabilitation (CAIR) at Children's Hospital Boston is a multidisciplinary program that offers coordinated nutritional, medical, and surgical therapy, with the goal of providing the quality care to patients with intestinal failure.

The CAIR program was founded in 1999 and over 150 patients with short bowel syndrome have been treated at CAIR. Survival for these patients has exceeded 90 percent. In the 2006–2007 fiscal year, the CAIR program had 695 outpatient encounters and managed 132 admissions. The CAIR program members include experts in the fields of nutrition, social work, nursing, pharmacy, gastroenterology, surgery, and liver/intestinal transplantation; all program members have a specific interest in the integrated management of intestinal failure.

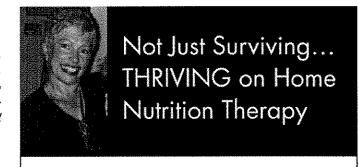
The team actively participates in research focused on the treatment and understanding of short bowel syndrome and has made major contributions to the field, including the development of a new bowel lengthening procedure (the STEP operation) and the development of a novel, potentially liver-protective, parenteral nutritional formula based on omega-3 fatty acids. (See "Parenteral Nutrition—Associated Liver Disease and the Role of Lipid Emulsions" on the front page.)

CAIR program members include: Tom Jaksic, MD, PhD, Surgical Director; Christopher Duggan, MD, MPH, Medical Director; Sharon Collier, RD, Dietitian; Kathleen Gura, PharmD, BCNSP, Pharmacist; Julie Iglesias, RN, MSN, CPNP, Nurse Practitioner, CAIR Coordinator; Daniel Kamin, MD, Medical Director, Intestinal Transplantation; Heung Bae Kim, MD, Surgical Director, Intestinal Transplantation; Clifford Lo, MD, PhD, Home PN Physician; Mark Puder, MD, Surgeon; and Denise Richardson, RN, Home PN Nurse.

Consultations to the CAIR program can be arranged by phone at 617-355-5275 or by e-mail at gabriela.ardon@childrens.harvard.edu. The CAIR Web site address is www.childrenshospital.org/cair.

Oley Fundraiser in Anaheim

An Oley event and fundraiser will be held at the Honda Center in Anaheim, California, on Sunday, February 24, 2008, at 5 p.m., when the Anaheim Ducks take on the Chicago Blackhawks in an NHL hockey game. A box in the club level with twenty seats has been reserved for the event, so any needs can be comfortably accommodated. An auction and other activities during the game are being planned. The event is being sponsored by NathanMed, a new producer of enteral feeding devices. For each seat, a tax-deductible contribution of \$200 made directly to Oley is suggested. Please contact Mitchell Price at 949-468-8468 or at mitchprice@cox.net for reservations and information.



At the Oley Conference in June, consumers told us what they want from a home nutrition therapy provider... and we listened.

Look what we've done for consumers.

- Created a dedicated Nutrition Customer Service position
- Formed a team of knowledgeable nutrition support clinicians
- Developed a plan of supply and equipment choice flexibility
- Added a Nutrition Consumer Advocate to our group
- Created a NutriThrive Consumer Advisory Group

FOR MORE INFORMATION CONTACT US AT:

1-888-N-THRIVE (888-684-7483) or info@nutrithrive.com www.nutrithrive.com









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Improving

life on nutrition support

COMPANY OVERVIEW NEWS

Welcome To NutriThrive!

NutriThrive is built on the foundation of our clinical expertise in nursing, nutrition and pharmacy care. Our tenured clinicians specialize in infusion and home nutrition therapies and apply a nutrition disease management approach to the care of our patients.

This holistic approach to patient care steers us to provide a comprehensive approach, specializing in the areas of oncology and GI disorders.

Find out more information on how we are giving back with our Full Circle Program.

NEWS & EVENTS

April 3, 2008

Important Announcement: Heparin Recall (view PDF)

May 31, 2008

Consumer Clinic Featuring Sessions On Hydration, Line Infection And Nutrient Absorption

Annual OLEY Conference



June 26-30



Marriott San Diego Mission Valley, California



www.oley.org or (800)776-6539 are there to please you, and your needs. For us they have really gone out of there way to get us back on track, and get me back into the swing of TPN again.I feel we have found a company that will stand with us, all the way now. I can honestly say, I am very Happy!!!" — Ellen

"The service both delivery and support is phenomenal! I am continually surprised and delighted to hear from someone from NutriThrive every week, thank you so much for the



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COMPANY MISSION

NutriThrive's mission is to optimize the nutritional well being of our consumers through our customized approach. Our home parenteral and enteral nutrition program is driven by our customers' needs while maintaining the highest standards in service and clinical management. Quality care that fosters independence and empowers consumers and their families is the fundamental basis from which our business decisions will be made.



Customer Care

Our dedicated and knowledgeable customer service managers coordinate fulfillment of supplies and equipment according to individual needs. Ongoing follow-up is provided to ensure patient satisfaction.



Clinical Monitoring

NutriThrive offers state of the art monitoring of your patient. We use advanced technology to determine metabolic status which ensures accurate assessment of your patient's needs.



Clinical Care

NutriThrive's Nutrition Support Team assesses and monitors your patient throughout their course \Box of therapy. Our goal is to optimize your patient's nutritional status to minimize complications and hospitalization. We offer disease focused nutrition formulations and adjunctive therapies for better patient outcomes.



Nursing Care

NutriThrive coordinates the nursing care for your patient and facilitates communication regarding patient's clinical status. Our nurse liaison maintains currency on infusion devices and protocols to maximize patient satisfaction and minimize infection.



Reimbursement Support

NutriThrive can save you valuable time by verifying your patient's benefit information. Our reimbursement team is experienced in handling complex insurance issues.



Professional Education

NutriThrive provides professional continuing education opportunities on topics of nutrition support for the healthcare professional. We promote research initiatives in our quest to improve knowledge and best practice in nutrition support.



Consumer Support

As a commitment to our consumers, we offer educational events and workshops which allows consumer networking opportunities. We support our consumers through the Oley Foundation as a Gold Medallion Partner and through our Full Circle Commitment.









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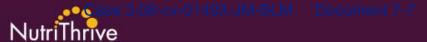
FULL CIRCLE PROGRAM

NutriThrive has created a new program, Full Circle, to financially support the Oley Foundation and help individuals requiring home parenteral and enteral nutrition.

Through the Full Circle progam, NutriThrive has committed to providing a base level contribution to the Oley Foundation annually. Additionally, NutriThrive will contribute \$1 for every day of Parenteral Nutrition and \$1 for every course of Enteral Nutrition that we dispense to any patient nationwide.

NutriThrive hopes that this commitment will help enhance the treatment of nutritional deficiencies, improve access to a consumer support network, and expand scientific and medical research on such diseases.

To obtain more information about the Full Circle program, please call 888-N-THRIVE or email us at info@nutrithrive.com.







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NUTRITION TEAM

Nutrition Is All We Do Meet Our Team Of Experts.

NutriThrive's team includes experienced clinicians who are specialized in the areas of home infusion and nutrition support. Our approach is to provide comprehensive care for our patients to maximize nutritional outcomes. Our Consumer Advocate is a vital component of our team, guiding our clinical team in their decisions and providing support to our consumers.

Core Team Members

Deborah Pfister, R.D., C.N.S.D.

Director of Nutrition dpfister@nutrithrive.com

- · Masters of Nutrition from the University of Vermont
- 17 years in home nutrition support
- Focused in oncology and GI management

Kathleen Alvarez, R.Ph.

Director of Pharmacy kalvarez@biorx.net

- Pharmacy degree from Northeastern University
- 20 years experience in hospital and home care
- · Focused on home IV pharmacy support

Jennifer Arms

Director of Reimbursement jarms@biorx.net

- 18 years experience in home infusion
- · Billing and reimbursement focused
- Experienced in complex insurance issue resolution

Mona Inocentes, R.N.

Nutrition Liaison

minocentes@nutrithrive.com

- · BSN Salem State College, Massachusetts
- 12 years of home infusion experience
- Expertise in adult and pediatric IV access and education

Jill Taliaferro, R.D.

Clinical Nutritionist

jtaliaferro@nutrithrive.com

- . BS in Nutrition from The University of Connecticut
- Nine years of experience in nutrition and metabolic support
- · Focused in oncology and GI management











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ADVISORS

NutriThrive values the opinions of consumers and their families and the professional nutrition community. Our advisory boards provide input into our daily practice and long-term vision.

Nutrition Advisory Board consists of Key Opinion Leaders in nutrition support. Members are from a variety of disciplines including medicine, nursing, nutrition and pharmacy, thus providing a comprehensive approach to NutriThrive's practice. These professionals provide expertise relative to NutriThrive's policies, procedures and research initiatives.

Nutrition Consumer Advisory Group includes patients and families receiving nutrition therapy at home. This valuable group guides NutriThrive relative to program development and educational material design. Nutrihrive has on-going active consumer groups in the Ohio and Massachusetts areas who meet quarterly to discuss new initiatives. Feel free to contact our Consumer Advocates for more information:

New England: Abby Brogan, abrogan@nutrithrive.com, (774) 270-3425 **Ohio:** Donna Noble, dnoble@nutrithrive.com, (866) 890-5517









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NEWS

April 3, 2008

Important Announcement: Heparin Recall (view PDF)

April 3, 2008

NutriThrive Sponsors Oley Foundation's 2008 Child Of The Year Award

November 26, 2007

NutriThrive Launches A Discussion Board - Hear From Other Patients And Support Members, Post Discussions, Ask Questions And Much More!

November 18, 2007

BioRX launchesNew NutriThrive™ Product Line for individuals requiring home intravenous nutrition and tube feeding





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Consumer Clinic Featuring Sessions On Hydration, Line Infection And Nutrient Absorption



Saturday, May 31, 2008



Newton, Massachusetts



For more information click here or contact Abby Brogan at abrogan@nutrithrive.com

Consumer Advisory Board Meeting For New England



Saturday April 5th, 2008



Wellesley, Massachusetts



Please email Abby Brogan at abrogan@nutrithrive.com for more information. Mito action in June

Consumer Advisory Board Meeting For Ohio



Saturday, April 19, 2008



Wilmington, Ohio



Please email Donna Noble at dnoble@nutrithrive.com for more information.

Annual OLEY Conference



June 26-30



Marriott San Diego Mission Valley, California



www.oley.org or (800)776-6539 Click here for more information

Oley Annual Conference



June 25 - 29, 2008



San Diego, CA, Location TBD



www.oley.org or (800)776-6539

Past Events Archive

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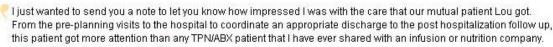
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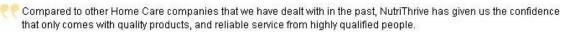
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TESTIMONIALS



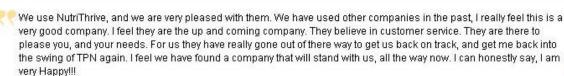


--- Kim R., Angels At Home Healthcare





--- David And Ellen S.





--- Ellen

The service both delivery and support is phenomenal! I am continually surprised and delighted to hear from someone from NutriThrive every week, thank you so much for the support!



--- Anonymous

Pinally a company that gets it" We will be switching to TPN ASAP to continue to get this service.



--- Anonymous

The service from NutriThrive is exceptionally excellent.

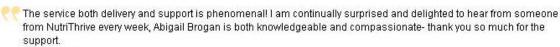


--- Anonymous

Very prompt delivery, within 3 hours of call, we are impressed, very kind delivery man who helped us get products into the house, thank you!



--- Anonymous





--- Anonymous

代 Thank you Deb, Rita and Jill for caring and responding so quickly to Bailey's needs.



--- Anonymous





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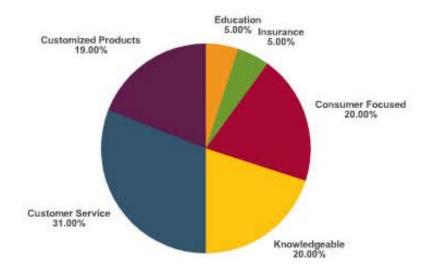
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SUPPLIES & EQUIPMENT

At NutriThrive, we are committed to providing the clinical and personal needs of our consumers. At the 2007 Oley Conference on Cape Cod, NutriThrive conducted a survey to determine what consumers want in a home infusion company.

Overwhelmingly, the top answers referenced supply and equipment availability and flexibility. At NutriThrive, we are committed to providing state-of-the-art products that meet the clinical and personal needs of our consumers. We apply a Best Practice approach to our product and equipment capabilities, providing the optimal in care with the flexibility to meet individual needs.

NutriThrive Survey Results











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CLINICAL PROGRAM

NutriThrive is built on the foundation of our clinical expertise in nursing, nutrition and pharmacy care. Our experienced clinicians specialize in infusion and home nutrition therapies and apply a comprehensive nutrition disease management approach to the care of our patients. This holistic approach allows NutriThrive to provide state-of-the-art, innovative care to consumers diagnosed with oncology and GI disorders.

NutriThrive's clinical practice is governed by our Nutrition Advisory Board, made up of experts in nutrition support, who provide leadership in program development and input into policies, procedures and educational materials.

New Patient Admission

tel: 1 888 N THRIVE fax: 1 888 401 8557 email: intake@nutrithrive.com

Clinical Care & Monitoring

Initial nutrition screening and ongoing follow-up by our clinician and customer service

NutriThrive

NutriThrive follows the patient from initiation of nutrition support through completion of therapy

Benefits & Reimbursement

Insurance coverage is verified by our reimbursement team

Delivery

Our customer service team coordinates with the patient









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REIMBURSEMENT

NutriThrive's Managed Care and Reimbursement teams provide the expertise needed to determine coverage guidelines and optimize reimbursement potential. Our team is experienced in handling complex insurance issues and work one-on-one with managed care organizations to maximize reimbursement. Our mission is to obtain initial andongoing coverage to ensure that our consumers will receive the treatment best suited to their clinical needs.



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CONSUMER SUPPORT

NutriThrive is focused on supporting the Home Parenteral and Enteral Nutrition (Home PEN) consumer community.

Consistent with this commitment, we have established (a) Consumer Advocate positions on our team. Our Advocates are consumers or families of consumers and have first-hand knowledge of the challenges of living with home nutrition support. (Our) The Consumer (a)Advocates are (is) dedicated to establishing rapport with consumers, assisting customers through the maze of Home PEN and ensuring that they are being serviced according to their individual needs.

A Message From Our Consumer Advocates: A New Adventure

You or a loved one has begun a new adventure, an adventure that has taken you into the world of home nutrition therapy. This is a foreign world where you do not speak the language or know anybody. Just like a trip to another country the journey into home nutrition therapy can lead you into a place where you quickly

Know that you and your family are not ALONE. Your Nutrithrive family is here to guide and support you on this adventure. There are other families facing the same challenges. Home nutrition therapy can be isolating, connecting with other families can lessen your feelings of isolation. Your Consumer Advocate is here to connect you with other families.

In time you will come to see this adventure as routine. You will learn the language, the equipment and you will adapt. What once seemed so foreign is now your way of life which brings with it new possibilities. You are no longer trying to survive your home nutrition therapy but you are THRIVING.

Consumer Advocates Resources

If you are interested in speaking with one of our Consumer Advocates, feel free to (call) contact either Donna Noble at 1-866-890-5517 or by email at: dnoble@nutrithrive.com or Abby Brogan at 1-774-270-3425 or by email at: abrogan@nutrithrive.com.



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EDUCATION

Our enteral and parenteral nutrition patient education materials are under construction. We appreciate input regarding the section completed for enteral nutrition. Please feel free to email us with your comments at info@nutrithrive.com.

Methods Of Administration

There are three methods of administering your tube feeding formula: bolus, gravity, and pump. Your nurse or dietitian will discuss your specific method with you in more detail.



Bolus:

A syringe is connected to your feeding tube and acts as a funnel to allow the formula to flow into the tube. The formula can also be gently injected into the tube with the syringe. Not used with jejunostomy tubes.



Gravity:

Formula is placed in a bag with tubing and allowed to drip by gravity into the feeding tube. The height of the bag helps control the rate and there is also a clamp on the tubing which helps to regulate the flow. Not used with jejunostomy tubes.



Pump:

Formula is placed in a bag with tubing and sent through a pump which is programmed to deliver the appropriate amount of formula at a controlled rate. Only method allowed with jejunostomy tubes.





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New Topic

You last visited Today at 01:37 PM

| Message Subject | <u>Author</u> | <u>Views</u> | <u>Replies</u> | <u>Last Post</u> | |
|--------------------------|---------------|--------------|----------------|--|--|
| <u>Welcome</u> | Ellen | 77 | 0 | 01/11/08 at 08:26 PM by <u>Ellen</u> | |
| Trying the Bone!!!! | Ellen | 133 | 2 | 12/13/07 at 09:48 AM by Ellen | |
| Favorite Products | ABrogan | 109 | 0 | 12/11/07 at 12:05 PM by <u>ABrogan</u> | |
| Advice for new Consumers | dnoble | 131 | 1 | 12/09/07 at 05:56 PM by Ellen | |
| Coping with stress | dnoble | 112 | 4 | 12/09/07 at 05:24 PM by Ellen | |

All times are GMT -5 hours. The time is now 01:37 PM.

1 Active User: 0 members - 1 guest - 0 invisible

Most users ever online was 3 on 05/14/08 at 03:37 PM

O Active Chat Room Users

There are currently no active users in the chat room.

Statistics

Threads: 5, Posts: 12, Members: 8 - Members List Please welcome our newest member, Mary

| New Topic | Mark all posts as read |

New posts 🖺 No new posts 🔒 Locked thread









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CONSUMER ADVOCATES

What Is A NutriThrive Consumer Advocate?

These valuable employees act as community-based liaisons between NutriThrive and our consumers of Home Enteral and Parenteral Nutrition. The Consumer Advocate also assists in the development of nutritional programs, educational materials and provides support to new patients to help acclimate them to their new life on Nutrition Support. The Advocate also acts as our link with both local and regional non-profit and consumer support groups.

A Message From Our Consumer Advocates: A New Adventure

You or a loved one has begun a new adventure, an adventure that has taken you into the world of home nutrition therapy. This is a foreign world where you do not speak the language or know anybody. Just like a trip to another country the journey into home nutrition therapy can lead you into a place where you quickly

Know that you and your family are not ALONE. Your Nutrithrive family is here to guide and support you on this adventure. There are other families facing the same challenges. Home nutrition therapy can be isolating, connecting with other families can lessen your feelings of isolation. Your Consumer Advocate is here to connect you with other families.

In time you will come to see this adventure as routine. You will learn the language, the equipment and you will adapt. What once seemed so foreign is now your way of life which brings with it new possibilities. You are no longer trying to survive your home nutrition therapy but you are THRIVING.

Consumer Advocates Resources

If you are interested in speaking with one of our Consumer Advocate, feel free to call Donna Noble at 1-866-890-5517 or by email at: dnoble@nutrithrive.com or Abby Brogan at abrogan@nutrithrive.com.







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Equipment

Zevex Enteral Feeding Pumps Kangaroo Enteral Feeding Pumps Gemstar IV Pumps Curlin IV Pumps CADD IV Pumps

Products

Ross Enteral Formulas Nestle Enteral Formulas Mead Johnson Pediatric Formulas Nutricia Pediatric Formulas Feeding Tubes

Consumer Support

Advocacy for Patients with Chronic Illness American Academy of Pediatrics American Cancer Society American Gastroenterology Association American Society for Parenteral and Enteral Nutrition Association of Gastrointestinal Motility Disorders Association for Vascular Access Crohn's and Colitis Foundation Digestive Disease National Coalition Infusion Nurses Society Kids with Tubes

MitoAction

National Institute of Health

The Oley Foundation

Parent 2 Parent

United Mitochondrial Disease Foundation

United Ostomy Association







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INDUSTRY EVENTS

The United Mitochondrial Disease Foundation



Scientific/Clinical Meetings: June 25-28, 2008 Patient/Family Meetings: June 27-28, 2008



Hyatt Regency Hotel, Indianapolis, IN

Dates and Locations in New England:

Indy 2008: Setting The Pace In Mitochondrial Medicine



If you would like to be on our mailing list or need more information, please contact us at info@umdf.orgor call 888-317-UMDF.



Crohns And Colits Foundation Of America (CCFA)

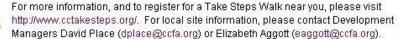


. May 31, 2008 - Portland, ME at Back Cove





June 14, 2008 - Boston, MA at Boston Common



Crohns And Colits Foundation Of America (CCFA)



Friday, May 16, 2008



The Beach Waterpark

2008 TAKE STEPS For Crohn's & Colitis



Activites & Registration begin at 4:30 p.m. Walk starts at 6:30 p.m. Register Today

American Partnership For Eosinophilic Disorders



Saturday April 5th, 2008



Chicago, IL

Eosinophilic Esophagitis: **Adults And Teens**



More information and registration

American Partnership For **Eosinophilic Disorders**



July 10-13th, 2008



San Diego, California Host: Children's Hospital San Diego

Eos Connection 2008



More information and registration

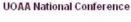
United Ostomy Association Of America



Aug 15-18, 2007



Chicago, IL





UOAA convened its first National Conference at the Lincolnshire Marriott Resort near Chicago IL. For highlights, please see our 2007 National Conference Page









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NutriThrive

10828 Kenwood Rd Cincinnati, OH 45242

1.888.NTHRIVE - toll free 1 888-401-8557 fax info@nutrithrive.com

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Deborah Pfister, R.D., C.N.S.D.

Director of Nutrition dpfister@nutrithrive.com









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REFERRAL

To send a patient to NutriThrive or, become a NutriThrive consumer fill out the following form. If you prefer you can also contact us by phone at: 888-N-THRIVE (1-888-684-7483) or by email at: Intake@Nutrithrive.com

First Name:

Patient Name:

Address:

Email:

Phone:

Submit









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CUSTOMER SATISFACTION

NutriThrive is committed to customer satisfaction. As part of our standard practice, Satisfaction Surveys are periodically sent to consumers to check our service and determine what we can do to improve. Suggestions for improvement in services or grievances can be addressed through our offices at 888-N-THRIVE (888-684-7483).

See What One Of Our Nursing Agency Partners Has To Say About NutriThrive:

"I just wanted to send a note to let you know how impressed I was with the care that our mutual patient...got. From the preplanning visits, to the hospital to coordinate an appropriate discharge, to the post hospitalization follow-up, this patient got more attention than any TPN/ABX patient that I have ever shared with an infusion or nutrition company. As you know, I have had many years in the business of home infusion, but have never seen communication and coordination to exceed this case.... Your staff, especially Mona, is pleasant, knowledgeable and extremely professional..."

Kim Metcalf Richards Angels at Home Healthcare metcalfkrn@aol.com

U.S. Patent and Trademark Office (USPTO)

NOTICE OF ALLOWANCE

NOTE: If any data on this notice is incorrect, please fax a request for correction to the Intent to Use Unit at 571-273-9550. Please include the serial number of your application on ALL correspondence with the USPTO.

ISSUE DATE: Mar 25, 2008

PATRICIA B. HOGAN KEATING MUETHING & KLEKAMP PLL 1 E 4TH ST STE 1400 CINCINNATI, OH 45202-3752 ATTORNEY REFERENCE NUMBER

RE3848IP0001

** IMPORTANT INFORMATION: 6 MONTH DEADLINE **

You filed the trademark application identified below based upon a bona fide intention to use the mark in commerce. You must use the mark in commerce and file a Statement of Use (a.k.a. Allegation of Use) before the USPTO will register the mark. You have six (6) MONTHS from the ISSUE DATE of this Notice of Allowance (NOA) to file either a Statement of Use, or if you are not yet using the mark in commerce, a Request for Extension of Time to File a Statement of use ("Extension Request"). If you file an extension request, you must continue to file a new request every six months until the Statement of Use is filed. Applicant may file a total of five (5) extension requests. FAILURE TO FILE A REQUIRED DOCUMENT DURING THE APPROPRIATE TIME PERIOD WILL RESULT IN THE ABANDONMENT OF YOUR APPLICATION.

Please note that both the "Statement of Use" and "Extension Request" have many legal requirements including fees. Therefore, we encourage use of the USPTO forms, available online at http://www.uspto.gov/teas/index.html (under "File a PRE-registration form"), to avoid the possible omission of important information. Please note that the Trademark Electronic Application System (TEAS) provides line-by-line help instructions for completing the Extension Request or Statement of Use forms online. If you do not have access to the Internet, you may call 1-800-786-9199 to request the printed form(s).

The following information should be reviewed for accuracy:

SERIAL NUMBER: 77/229275

MARK: NUTRITHRIVE (STANDARD CHARACTER MARK)

OWNER: BioRX, LLC

10828 Kenwood Road Cincinnati , OHIO 45242

This application has the following bases, but not necessarily for all listed goods/services:

Section 1(a): NO Section 1(b): YES Section 44(e): NO

GOODS/SERVICES BY INTERNATIONAL CLASS

044 - Medical services, namely, administration of nutritional products for enteral therapy and total parenteral nutrition -- FIRST USE DATE: NONE; -- USE IN COMMERCE DATE: NONE

ADDITIONAL INFORMATION MAY BE PRESENT IN THE USPTO RECORDS

U.S. Patent and Trademark Office (USPTO)

NOTICE OF ALLOWANCE

NOTE: If any data on this notice is incorrect, please fax a request for correction to the Intent to Use Unit at 571-273-9550. Please include the serial number of your application on ALL correspondence with the USPTO.

ISSUE DATE: Apr 8, 2008

PATRICIA B. HOGAN KEATING MUETHING & KLEKAMP PLL 1 E 4TH ST STE 1400 CINCINNATI, OH 45202-3752 ATTORNEY REFERENCE NUMBER

RE3848IP0001

** IMPORTANT INFORMATION: 6 MONTH DEADLINE **

You filed the trademark application identified below based upon a bona fide intention to use the mark in commerce. You must use the mark in commerce and file a Statement of Use (a.k.a. Allegation of Use) before the USPTO will register the mark. You have six (6) MONTHS from the ISSUE DATE of this Notice of Allowance (NOA) to file either a Statement of Use, or if you are not yet using the mark in commerce, a Request for Extension of Time to File a Statement of use ("Extension Request"). If you file an extension request, you must continue to file a new request every six months until the Statement of Use is filed. Applicant may file a total of five (5) extension requests. FAILURE TO FILE A REQUIRED DOCUMENT DURING THE APPROPRIATE TIME PERIOD WILL RESULT IN THE ABANDONMENT OF YOUR APPLICATION.

Please note that both the "Statement of Use" and "Extension Request" have many legal requirements including fees. Therefore, we encourage use of the USPTO forms, available online at http://www.uspto.gov/teas/index.html (under "File a PRE-registration form"), to avoid the possible omission of important information. Please note that the Trademark Electronic Application System (TEAS) provides line-by-line help instructions for completing the Extension Request or Statement of Use forms online. If you do not have access to the Internet, you may call 1-800-786-9199 to request the printed form(s).

The following information should be reviewed for accuracy:

SERIAL NUMBER: 77/229266

MARK: NUTRITHRIVE (STANDARD CHARACTER MARK)

OWNER: BioRX, LLC

10828 Kenwood Road Cincinnati , OHIO 45242

This application has the following bases, but not necessarily for all listed goods/services:

Section 1(a): NO Section 1(b): YES Section 44(e): NO

GOODS/SERVICES BY INTERNATIONAL CLASS

005 - Pharmaceutical preparations for enteral therapy and total parenteral nutrition -- FIRST USE DATE: NONE; -- USE IN COMMERCE DATE: NONE

ADDITIONAL INFORMATION MAY BE PRESENT IN THE USPTO RECORDS

Home / Tools for Better Living / Meet Patients / Meetings & Events / Research / Equipment-Supplies Travel Tips / About Oley / FAQ / Join! / Contact Oley / Forums / Corporate Gateway / Donate Now!

Tools for living better on home IV & tube feedings Corporate Donor Program

The following companies provide over one-half of the funds needed to support Oley programs. Corporate relationships also strengthen our educational and outreach efforts.

For their continued interest and strong commitment we remain grateful. The Oley Foundation does not accept advertisements on its web site. .

Unrestricted Corporate Gifts

PLATINUM LEVEL PARTNERS (\$70,000+) Nutrishare, Inc.

GOLDEN MEDALLION PARTNERS (\$50,000 -\$69,000) Coram, Inc. NutriThrive

SILVER CIRCLE PARTNERS (\$30,000-\$49,999)

BRONZE STAR PARTNER (\$20,000-\$29,999) Apria Healthcare

BENEFACTOR LEVEL PARTNERS (\$10,000-\$19.999) Abbott Nutrition **Novartis Nutrition**

PATRONS LEVEL PARTNERS (\$5,000-\$9,999) Critical Care Systems EMD Serono, Inc. Hospira Worldwide, Inc. Option Care, Inc.

BLUE RIBBON PARTNERS (\$2,500-\$4,999) Baxter Healthcare B. Braun Medical, Inc. Kimberly-Clark Nestle Nutrition Sherwood Clinical Sigma International

> CONTRIBUTORS (\$1,000-\$2,499) Baxa Corporation Zevex Inc.

Thank You!

Please Join Oley in Thanking Our Corporate Sponsors

Filed 06/24/2008

Abbott Nutrition

Abbott Nutrition is a longtime leader in the U.S. nutritional marketplace, and strives "to be the worldwide leader in providing superior nutritional products that advance the quality of life for people of all ages." Abbott Nutrition manufactures and distributes medical nutritional products such as: PediaSure® Enteral Formulas, designed to provide a source of Complete, Balanced Nutrition® for children ages 1-13; Vital jr®., a semi-elemental formula for the nutritional needs of children ages 1-13 years; Jevity® 1.2 Cal, an isotonic, fiber-fortified tube-feeding product with the prebiotic NutraFlora® scFOS®, and the Embrace® ambulatory feeding pump.

Apria Healthcare

Apria Healthcare Group, Inc., is a leading national provider of home health care products and services, including parenteral and enteral nutrition, antibiotics, and other therapies. With over five hundred branch and thirty-two infusion pharmacy locations nationwide, Apria serves over 1.5 million patients annually through all fifty states.

Apria Nutrition Advantage is a nutrition support program providing a customized care approach to patients' nutritional needs. The program's team of nutrition support dietitians, IV certified nurses, and registered pharmacists provides expert clinical care for patients with nutritional deficiencies. The company's mission is to be the first choice of patients and customers for their home-care needs. The company seeks to accomplish this by exceeding its customers' expectations every day; demonstrating high clinical standards and compassion in patient care; and being responsive and flexible.

Baxa Corporation

Baxa develops devices and systems for safe and efficient preparation, handling, packaging, and administration of fluid medications. The company's Exacta-Mix™ and MicroMacro™ Automated Compounders safely mix parenteral nutrition solutions for home and hospital use. Baxa compounders are the only automated systems that accurately deliver both macro and micro ingredients in a single unit, with bar code ingredient verification to eliminate medication errors. These systems represent the state-of-theart for nutritional support.

Baxter Healthcare

Baxter's Nutrition Business manufactures a broad portfolio of parenteral nutrition products including premix parenteral nutrition, amino acids, dextrose, IV fat emulsion, and vitamins. Its business provides parenteral nutrition products and services to all points of care that provide parenteral nutrition to patients requiring feeding via the parenteral route.

B. Braun Medical, Inc.

A recipient of the 2007 Frost & Sullivan Medical Technology Global Excellence Award, B. Braun Medical, Inc., has built a large store of knowledge and expertise in delivering innovative health care products. medical devices, and programs that enhance working processes in hospitals, alternate care settings, and medical practices—increasing safety for patients, doctors, and nurses. The company writes, "Our 34,000 employees worldwide are proud of their commitment to translating customer needs into products with unmatched quality, superior technology, cost-effectiveness, and environmental responsibility." Today, B. Braun offers a complete line of basic nutrition products for parenteral administration, including 3%, 8.5%, and 10% FreAmine® III (Amino Acid Injections), and Concentrated Dextrose (20%-70% Injections). B. Braun states, "We are more than a reliable supplier of parenteral nutrition products—the company is a partner, too, providing customers with assistance on product decisions, technical support, and more.

Coram, Inc.

Coram provides the highest quality clinical care and personal support for HomePEN consumers through its One-to-One program, consumer advocate (Coram Partner), and toll-free help line. Once again, Coram is proud to be a Golden Medallion partner of the Oley Foundation, helping to fund educational and

Critical Care Systems

Critical Care Systems is a leading national specialty infusion company that provides comprehensive

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clinical services to pediatric and adult populations through a national footprint of Joint Commission accredited community-based branches. The company's Specialty Nutrition Support Program is supported by a team of dietitians, nurses, pharmacists, and reimbursement specialists who excel in parenteral nutrition, clinical support, and customer service. Whether their customers require short- or long-term therapy, Critical Care Systems provides flexible, individualized care adapted to the consumer's lifestyle.

EMD Serono, Inc.

EMD Serono, Inc., with headquarters in Rockland, Massachusetts, is an affiliate of Merck, KGaA, in Darmstadt, Germany. EMD Serono is a leader in the U.S. biotechnology arena, integrating cutting-edge science with unparalleled patient support systems to improve people's lives. EMD Serono is committed to discovering and developing innovative products that address unmet medical needs in specialized therapeutic areas, including reproductive health, metabolic endocrinology and neurology, and new therapeutic areas, including oncology and autoimmune diseases.

EMD Serono has seven recombinant products in the United States across three therapeutic areas, including one product for patients with short bowel syndrome. EMD Serono is committed to improving the patient experience, with unique delivery systems for many of its products as well as comprehensive patient educational resources across all of its therapeutic areas, including SeroCareSM. Package inserts for EMD Serono's U.S. marketed products are available at www.emdserono.com or by calling (888) 275-7376. The Oley Foundation thanks EMD Serono for its contribution at the Patron Level this year.

Hospira, Inc.

Hospira, Inc., is a global specialty pharmaceutical and medication delivery company dedicated to Advancing Wellness™ by developing, manufacturing, and marketing products that help improve the productivity, safety, and efficacy of patient care. In February 2007, Hospira acquired Mayne Pharma Limited to become a world leader in specialty generic injectable pharmaceuticals.

Kimberly-Clark

Kimberly-Clark develops, manufactures, and markets the comprehensive line of MIC* feeding tubes, including the Kimberly-Clark*MIC-KEY* low-profile gastrostomy feeding tube (now available in 12 Fr size for pediatrics) and the Kimberly-Clark* MIC-KEY* low-profile transgastric jejunal feeding tube. The company is the maker of the first balloon gastrostomy feeding tube and is a leader in ongoing research, development, and customer support.

*Registered trademark or trademark of Kimberly-Clark Worldwide, Inc., or its affiliates.

Nestle Nutrition

Nestle Nutrition, part of the world's largest food company, provides a comprehensive line of enteral nutrition formulas to the health care community. Markets served include hospital, home care and long term care sites. The company's product offerings satisfy a wide range of demanding clinical nutrition needs with products that include oral supplements and tube feeding formulas in the form of whole-protein, elemental and special diets for both adults and pediatrics.

Novartis Nutrition

Headquartered in Minneapolis, Minnesota. Novartis Medical Nutrition is the second-largest manufacturer of enteral formulas and delivery systems in the United States and an industry leader in oral supplements, tube feeding products, and fortified foods used in the institutional and home settings. The company is focused on providing the highest quality nutritional products and services that maintain and improve human health and well-being.

Novartis Medical Nutrition values the relationship it has with the Oley Foundation, and encourages all of its Partnered Providers to become involved and get to know all HEN consumers whom their products touch every day.

Nutrishare, Inc.

Rod Okamoto and Tom Diamantidis attended their first Oley Conference in 1991, the same year that Nutrishare was founded. The company's cornerstone principle of focusing exclusively on home TPN care and honoring the consumers' rights to choose their health care providers and the products they use were forged during that remarkable conference in Saratoga Springs that summer.

In 2007, Nutrishare, together with the Oley Foundation, is proud to faunch the Nutrishare Research Prize, designed to recognize and encourage clinical research that will improve the quality of life for home TPN consumers and their families. The entire Nutrishare family (consumers, caregivers, and employees) share in the honor of pioneering Oley's new Platinum Level of corporate support as a tribute to the Oley

Foundation's mission.

NutriThrive, Inc.

Consistent with Oley's mission, NutriThrive is dedicated to improving the lives of those at home on nutrition support. NutriThrive is focused on providing products and clinical services that are customized to specialized nutritional requirements. Our goal is to provide excellent care, minimize therapy needs, and help individuals get on with living life.

As an Oley Partner, NutriThrive has put its mission into action by providing an annual base contribution and additional financial support through the Full Circle program, contributing \$1 for every day of parenteral nutrition and \$1 for every course of enteral nutrition that our patients require nationwide. We are committed to giving back to improve life for those on homePEN.

Option Care, Inc.

For more than 25 years, Option Care, Inc. has made patients' lives easier with a full range of health care services outside the hospital setting, working with more than 400 payor organizations representing more than 75 million Americans. With the largest home infusion and specialty pharmacy footprint in the industry. Option Care offers treatment nationwide to patients in their homes, physician offices or other alternate sites, including ambulatory treatment centers. Services are provided by highly skilled, clinical professionals from 113 pharmacy locations.

Sherwood Clinical

Sherwood Clinical began as the vision of one man. Seeing a need. Charles Sherwood developed a plan to deliver high-quality infusion care in the comfort and convenience of patients' homes, and in 1993 Sherwood Clinical was born. Today, more than a decade and one hundred employees later, Sherwood Clinical provides home-infusion care throughout Georgia, the western Carolinas, parts of Tennessee, and Alabama. Sherwood Clinical provides a wide range of services, including antibiotics; EN and PN therapy for adult and pediatric patients; central line maintenance; IV hydration; IV inotropics; IVIG therapy; pain management; Synagis home injections (for RSV prevention); intermittent therapies; midline catheter placement; skilled nurse visits; and patient and caregiver education. Sherwood Clinical also provides home medical equipment through its partnership with Care Medical. Inc.

Zevex, Inc.

Zevex manufactures and markets the EnteraLite® Infinity enteral feeding pump. The company writes. "The EnteraLite Infinity is highly portable, +/-5% accurate, easy to program, and rugged—it can be washed under running water without fear of damage!" The Infinity weighs less than 15 ounces, has 24-hour battery life, and can be operated in any orientation due to the elimination of the drip chamber. To learn more about the Infinity, and how to remove the traditional barriers to enteral feeding, visit Zevex's Web site at www.zevex.com/infinity.

The Oley Foundation. 214 Hun Memorial, MC-28, Albany Medical Center, Albany, NY 12208-3478 1-800-776-OLEY (Toll Free in USA & Canada) 1-518-262-5079, Fax: 1-518-262-5528 Copyright, 2006, All rights Reserved/Privacy Policy



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